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MARIHUANA

A SIGNAL OF MISUNDERSTANDING

THE OFFICIAL REPORT OF
THE NATIONAL COMMISSION
ON MARIHUANA
AND DRUG ABUSE

With a Special Foreword by RAYMOND P. SHAFER, CHAIRMAN

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MARIHUANA

A SIGNAL OF MISUNDERSTANDING

The Official Report of the National Commission
on Marihuana and Drug Abuse

With a Special Foreword by
RAYMOND P. SHAFER, CHAIRMAN

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FOREWORD

If public need is an appropriate purpose for publishing a book, and surely it must be, I cannot readily imagine a more legitimate book than the one at hand. For seldom in the nation's history has there been a phenomenon more divisive, more misunderstood, more fraught with impact on family, personal, and community relationships than the marihuana phenomenon. Accordingly, there is real satisfaction in being able to present in this report what is probably the most comprehensive and authoritative information to date on the whole matter of marihuana.

The book's structure reflects the Commission's belief that nothing less than a total confrontation with every aspect of the marihuana scene, including its controversial issues, was essential if we were to establish the credibility of the report with the American public. To this end, we traveled far and wide, seeking first to place the marihuana problem in perspective historically and then to intensively investigate cultures around the world where marihuana use has been an ancient and pervasive custom. This enabled us to establish the criteria for our policy formulations on a broad basis. We were especially concerned to dispel the miasma of myth and conjecture about actual marihuana use in the United States and its effects. We wanted to record precise profiles of the various categories of users, and to accurately establish the influences determining variant usage, the biological and social impact of usage, and the demographic facts.

Inevitably the report's central concern is with marihuana in its social setting, its impact on behavior as it affects the public, and the consequent implications for public policy and the law. Here we were most conscious of the extreme sensitivity and gravity of our mission in this period of widespread alienation, street crime, and conflict between generations. It is a period in which many of our citizens have been numbed by sensationalist accounts of the ravages of addictive hard drugs, and turned off by the variant legal penalties involving marihuana use. I hope that the policy conclusions and recommendations derived from the Commission's research, discussions, and reflections will be judged without bias. The nation's collective judgment has been victimized by polarizing effects in the past. It is about time to evaluate the facts free from the crippling prejudices of age, class, and station. That is why I am particularly grateful that our work can be made available nationally virtually overnight.

It goes without saying that this report to the nation is in its essence a group endeavor of my distinguished fellow commissioners, of numerous selfless contributors, contractors, and consultants, and of a most devoted staff. My deepest thanks to them, and to our President and the Congress who correctly sensed the urgency of our task in the first instance.

RAYMOND P. SHAFER

March, 1972

MARIHUANA

A SIGNAL OF MISUNDERSTANDING

National Commission on Marihuana and Drug Abuse
801 19th Street N.W.
Washington, D.C. 20006

March 22, 1972

To The President and Congress of the United States:

As Chairman of the National Commission on Marihuana and Drug Abuse, I am pleased to submit to you our first year Report in conformance with the mandate contained in Section 601 of Public Law 91-513, The Comprehensive Drug Abuse Prevention and Control Act of 1970.

This Report, "Marihuana, A Signal of Misunderstanding," is an all-inclusive effort to present the facts as they are known today, to demythologize the controversy surrounding marihuana, and to place in proper perspective one of the most emotional and explosive issues of our time. We on the Commission sincerely hope it will play a significant role in bringing uniformity and rationality to our marihuana laws, both Federal and State, and that it will create a healthy climate for further discussion, for further research and for a continuing advance in the development of a public social policy beneficial to all our citizens.

Whatever the facts are we have reported them. Wherever the facts have logically led us, we have followed and used them in reaching our recommendations. We hope this Report will be a foundation upon which credibility in this area can be restored and upon which a rational policy can be predicated.

By Direction of the Commission

Raymond P. Shafer

Raymond P. Shafer
Chairman

The President
The President of the Senate
The Speaker of the House

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INTRODUCTION

This is the first of two Reports by the National Commission on Marihuana and Drug Abuse. Public Law 91–513 requires that we report to the President, Congress and the public initially on marihuana, and then on the broader issue of drug abuse in the United States. The second Report will include a review of the marihuana issue with particular attention to studies which have been conducted in the interim.

In large measure, the marihuana issue is a child of the sixties, the visual and somewhat pungent symbol of dramatic changes which have permanently affected our nation in the last decade. Some have argued that our mandate has placed the cart before the horse, and that we should have focused first on the wider social issue and then assessed marihuana's impact on society within that context. After much thought and investigation, we now believe that Congress was wise in focusing this Commission's attention first on marihuana. By separating it from the rest of the drug controversy, we have been better able to analyze the unique position marihuana occupies in our society.

Our mandate was a broad one, covering, for example, the nature and scope of use, the effects of the drug, the relationship of marihuana use to other behavior and the efficacy of existing law. Realizing that marihuana had never before in the American experience been the subject of a concentrated, authoritative governmental study, we launched a comprehensive research and fact-finding effort. We sought to evaluate and supplement existing material, to fill knowledge voids and to assess the so-called truths commonly posed in the marihuana debate.

Soon after funds became available on March 22, 1971, we commissioned more than 50 projects, ranging from a study of the effects of marihuana on man to a field survey of enforcement of the marihuana laws in six metropolitan jurisdictions. Of particular importance in our fact-finding effort were the opinions and attitudes of all groups in our society.

Through formal and informal hearings, recorded in thousands of pages of transcripts, we solicited all points of view, including those of public officials, community leaders, professional experts and students. We commissioned a nation-wide survey of public beliefs, information and experience referred to in this Report as the National Survey. In addition, we conducted separate surveys of opinion among district attorneys, judges, probation officers, clinicians, university health officials and free clinic personnel.

This inquiry focused on the American experience. However, we have been well aware from the outset that the scope of marihuana use in the United States differs considerably from that in other countries where the drug has been used for centuries. Accordingly, the Commission sought to put the American experience in perspective by seeing the situation first hand in India, Greece, North Africa, Jamaica, Afghanistan and other countries.

Because of our initial concentration on marihuana, certain issues common to marihuana and other drugs have been deferred for more complete coverage in the second Report. For example, a detailed analysis of educational programs about marihuana and its use will be considered when we evaluate drug education programs in general.

Further, we do not discuss the rehabilitation of the problem marihuana user since no such specialized programs exist; we found the subject is best approached from a broader perspective of rehabilitation programs for problem users of all non-narcotic drugs. An examination of federal and state organizational response to the drug issue, as well as an in-depth study of general law enforcement strategies, have both been undertaken and will continue, but will not be reported fully until the second year.

Officers of the Federal Government have set a high priority on fuller understanding of the marihuana issue and appropriate governmental action. President Nixon has frequently expressed his personal and official commitment to providing a rational and equitable public response to the use and misuse of drugs. Similarly, Congress has shown its concern in passing the Comprehensive Drug Abuse Prevention and Control Act of 1970. In appointing this Commission, both the President and Congress have recognized the need for an independent, nonpartisan appraisal of the nature of marihuana and the consequences of its use, for a similar appraisal of the abuse of all drugs, and for appropriate recommendations for public policy as a result of both studies.

The Commission decided early in its deliberations to write a Report that was complete but not overly technical so that the reader could understand the points discussed without analyzing detailed studies. Such studies and supporting data are included in an Appendix to the Report, which is published separately. For the researcher and others interested in greater detail, the Appendix provides the necessary technical data.

This Report focuses on marihuana, the popular name for a mixture of stems, leaves and flowering tops of the Indian hemp plant, *Cannabis Sativa L.* The Report presents the most significant information gathered to date about the drug and its users, concluding with the Commission's recommendations concerning the most appropriate public response to marihuana usage in our society.

I. MARIHUANA AND THE PROBLEM OF MARIHUANA

We are a nation of problem-solvers. We are restless and impatient with perceived gaps between the way things are and the way we think they ought to be. Understandably, such an impulse toward self-correction never leaves us wanting for social problems to solve. Although it is a prerequisite to social progress, this problem-solving orientation sometimes misdirects our attention. In order to maximize public awareness, we are apt to characterize situations as being far worse than they really are. Because any activity is commonly regarded as a move toward a solution, rhetoric and stopgap legislation sometimes substitute for rational reflection. We become so impressed with social engineering that we overlook inherent human limitations.

Since the mid-sixties, American society has been increasingly agitated by what has been defined as a marihuana problem. The typical sequences of "a national problem" have resulted: exaggeration, polarization and the inevitable demand for a solution. The appointment of this Commission and the publication of this Report reflect the escalation of marihuana use into the realm of social problem. Since the beginning of our official life, we have grappled with the threshold question: why has the use of marihuana reached problem status in the public mind?

Origins of the Marihuana Problem

Marihuana has been used as an intoxicant in various parts of the world for centuries and in this country for 75 years. Yet use of the drug has been regarded as a problem of major proportions for less than a decade. We will not find the reasons for contemporary social concern in pharmacology texts or previous governmental reports, for we are dealing with two separate realities: a drug with certain pharmacologic properties and determinable, although variable, effects on man; and a pattern of human behavior, individual and group, which has, *as a behavior,* created fear, anger, confusion, and uncertainty among a large segment of the contemporary American public. The marihuana behavior pattern is the source of the marihuana controversy.

The most apparent feature of the behavior is that it is against the law. But inconsistency between behavior and the legal norm is not sufficient, in itself, to create a social problem. Marihuana has been an illegal substance for several decades; and the widespread violation of laws against gambling and adultery have not excited the public to the same extent as has marihuana-smoking in recent years.

At the same time, we suspect that illegality may play an important role in problem definition where drugs are concerned. Alcohol is of proven danger to individual and societal health and the public is well aware of its dangers, yet use of this drug has not been accorded the same problem status. Marihuana's illegality may have been a necessary condition for the marihuana problem, but the increased violation of the legal proscription does not by itself explain the phenomenon.

The Commission believes that three interrelated factors have fostered the definition of marihuana as a major national problem. First, the illegal behavior is highly visible to all segments of our society. Second, use of the drug is perceived to threaten the health and morality not only of the individual but of the society itself. Third, and most important, the drug has evolved in the late sixties and early seventies as a symbol of wider social conflicts and public issues.

VISIBILITY

More than anything else, the visibility of marihuana use by a segment of our population previously unfamiliar with the drug is what stirred public anxiety and thrust marihuana into the problem area. Marihuana usage in the United States has been with us for a very long period of time, dating back to the beginning of the century. For decades, its use was mainly confined to the underprivileged socioeconomic groups in our cities and to certain insulated social groups, such as jazz musicians and artists. As long as use remained confined to these groups and had a negligible impact on the dominant social order, the vast majority of Americans remained unconcerned. From the other side, the insulated marihuana user was in no position to demand careful public or legislative scrutiny.

However, all this changed markedly in the mid-1960's. For various reasons, marihuana use became a common form of recreation for many middle and upper class college youth. The trend spread across the country, into the colleges and high schools and into the affluent suburbs as well. Use by American servicemen in Vietnam was frequent. In recent years, use of the drug has spanned every social class and geographic region.

The Commission-sponsored National Survey, "A Nationwide Study of Beliefs, Information and Experiences," indicated that some 24 million Americans have tried marihuana at least once and that at least 8.3 million are current users.

Other surveys uniformly indicate that more than 40% of the U.S. college population have tried marihuana, and in some universities the figure is much higher. Also, use of the drug has become almost as common among young adults out of college, and among older teenagers in high school. The National Survey indicates that 39% of young adults between 18 and 25 years of age have tried marihuana. The stereotype of the marihuana user as a marginal citizen has given way to a composite picture of large segments of American youth, children of the dominant majority and very much a part of the mainstream of American life.

Public confusion, anger, and fear over this development became increasingly apparent during the mid and late 1960's. Such mass deviance was a problem and the scope of the problem was augmented by frequent publicity. The topic of the usage of marihuana by the young received considerable attention from newspapermen and television reporters. The drug's youthful users abetted the media in this regard by flaunting their disregard of the law. Few of us have not seen or heard of marihuana being used *en masse* at rock concerts, political demonstrations and gatherings of campus activists.

In addition, new scientific and medical interest in marihuana and its use was stimulated by the sudden public interest. For the first time in the American experience, the drug became the subject of intensive scrutiny in the laboratories and clinics. Unfortunately, this research was conducted in the spotlight of public controversy. Isolated findings and incomplete information have automatically been presented to the public, with little attempt made to place such findings in a larger perspective or to analyze their meanings.

Any new marihuana research has had ready access to the news spotlight and often has been quickly assimilated into the rhetoric of the marihuana debate. Science has become a weapon in a propaganda battle. Because neither the reporters nor the public have the expertise to evaluate this information, the result has been an array of conflicting anecdotal reports, clinical studies on limited populations, and survey of restricted utility.

Visibility, intense public interest, and fishbowl research are all important components of the marihuana problem.

PERCEIVED THREATS

Although marihuana is taken by most users for curiosity or pleasure, the non-using public still feels seriously affected by use of the drug. Several decades ago it was popularly asserted that the drug brought about a large variety of social and individual ills, including crime and insanity. As a result it was prohibited by federal law in 1937. The marihuana explosion of the mid-sixties occurred within the context of 30 years of instilled fear. Although based much more on fantasy than on proven fact, the marihuana "evils" took root in the public mind, and now continue to color the public reaction to the marihuana phenomenon. Even beyond the violation of law, the widespread use of marihuana is seen as a threat to society in other ways. And the threats grow proportionately as the controversy swells.

It has been astutely observed that any statement frequently repeated in public assumes the status of fact. With so many people continually arguing about marihana, the public has understandably become alarmed and confused.

On the basis of the National Survey, we have tried to identify the ways in which the public feels threatened by marihuana use. Essentially these threats fall into three general categories: threats to the public safety, threats to the public health, and threats to the dominant social order.

In terms of public safety, the concern is with the relationship between marihuana and aggressive behavior, crime and juvenile delinquency. Threats to the public health usually refer initially to the impact of marihuana on the user. Lethality, psychosis, addiction potential and effects of chronic long-term use are major concerns. Additionally, the fear exists that marihuana leads to the use of more dangerous drugs, especially LSD and heroin.

The threat which marihuana use is thought to present to the dominant social order is a major undercurrent of the marihuana problem. Use of the drug is linked with idleness, lack of motivation, hedonism and sexual promiscuity. Many see the drug as fostering a counterculture which conflicts with basic moral precepts as well as with the operating functions of our society. The "dropping out" or rejection of the established value system is viewed with alarm. Marihuana becomes more than a drug; it becomes a symbol of the rejection of cherished values.

SYMBOLISM

The symbolic aspects of marihuana are the most intangible of the items to which the Commission must address itself, and yet they may be at the heart of the marihuana problem. Use of marihuana was, and still is, age-specific. It was youth-related at a time in American history when the adult society was alarmed by the implications of the youth "movement": defiance of established order, the adoption of new life styles, the emergence of "street people," campus unrest, drug use, communal living, protest politics, and even political radicalism. In an age characterized by the so-called generation gap, marihuana symbolizes the cultural divide.

For youth, marihuana became a convenient symbol of disaffection with traditional society, an allure which supplemented its recreational attraction. Smoking marihuana may have appealed to large numbers of youth who opposed certain policies or trends, but who maintained faith in the American system as a whole. In a time when symbolic speech is often preferred to the literal form, marihuana was a convenient instrument of mini-protest. It was also an agent of group solidarity, as the widely publicized rock concerts so well illustrate.

For the adult society, the decade of the sixties was a distressing time. The net effect of racial unrest, campus disruption, political assassination, economic woes and an unpopular war was widespread uneasiness. Attending a general fear that the nation was witnessing its own disintegration was a desire to shore up our institutions and hold the line. That line was easy to define where drugs, particularly marihuana, were concerned.

Use of drugs, including marihuana, is against the law. For many, marihuana symbolized disorder in a society frustrated by increasing lawlessness. Insistence on application of the law tended also to harden views, thereby escalating still further the use of marihuana as a symbolic issue.

The social conflicts underlying the drug's symbolic status have dissipated somewhat in the past few years; and in some ways, the Commission has similarly noted a partial deflation of the marihuana problem and of the emotionalism surrounding it. We are hopeful that our attempt to clarify the scientific and normative dimensions of marihuana use will further deemphasize the problem orientation and facilitate rational decision-making.

The Need for Perspective

This Commission has the task of exploring the marihuana controversy from as many vantage points as possible in its attempt to make sound, realistic and workable policy recommendations. Because we are dealing essentially with a complex social concern rather than a simple pharmacologic phenomenon, any social policy decision must discuss the realities of marihuana as a drug, marihuana use as a form of behavior, and marihuana as a symbol.

Particularly important is the determination of the longevity of the behavior. Are we dealing with a behavior that is becoming rooted in our culture or are we experiencing an aberration, a fad that will in time, of its own accord, pass away?

The vortex of the marihuana controversy is the present, but the prudent policy planner must not be blinded by the deluge of recent statistics. It is important that we scan the past for clues about the meaning of certain behavior and the promise offered by various social policy responses. We are convinced that a wider historical understanding will also go a long way toward deflating marihuana as a problem.

HISTORICAL PERSPECTIVE

When viewed in the context of American society's ambivalent response to the non-medical use of drugs, the marihuana problem is not unique. Both the existing social policy toward the drug and its contemporary challenge have historical antecedents and explanations. Somewhat surprisingly, until the last half of the 19th century, the only drugs used to any significant extent for non-medical purposes in this country were alcohol and tobacco.

American opinion has always included some opposition to the non-medical use of any drug, including alcohol and tobacco. From colonial times through the Civil War, abstentionist outcries against alcohol and tobacco sporadically provoked prohibitory legislation. One 18th century pamphleteer advised against the use of any drink "which is liable to steal away a man's senses and render him foolish, irascible, uncontrollable and dangerous." Similarly, one 19th century observer attributed delirium tremens, perverted sexuality, impotency, insanity and cancer to the smoking and chewing of tobacco.

Despite such warnings, alcohol and tobacco use took deep root in American society. De Tocqueville noted what hard drinkers the Americans were, and Dickens was compelled to report that "in all the public places of America, this filthy custom [tobacco chewing] is recognized." Nonetheless, the strain in our culture opposed to all non-medical drug use persisted and in the late 19th century gained ardent adherents among larger segments of the population.

Beginning in earnest around 1870, abstentionists focused the public opinion process on alcohol. As science and politics were called to the task, public attention was drawn to the liquor problem. "Liquor is responsible for 19% of the divorces, 25% of the poverty, 25% of the insanity, 37% of the pauperism, 45% of child desertion and 50% of the crime in this country," declared the Anti-Saloon League. "And this," it was noted, "is a very conservative estimate."

The Temperance advocates achieved political victory during the second decade of the 20th century. By 1913, nine states were under statewide prohibition, and in 31 other states local option laws operated, with the ultimate effect that more than 50% of the nation's population lived under prohibition. Four years later, Congress approved the 18th Amendment and on January 16, 1919, Nebraska became the 36th state to ratify the Amendment, thus inscribing national Prohibition in the Constitution.

Although on a somewhat smaller scale and with lesser results, public attention was simultaneously attracted to a growing tobacco problem. Stemming partly from the immediate popularity of cigarette-smoking, a practice introduced after the Civil War, and partly from riding the coattails of abstentionist sentiment, anti-tobacconists achieved a measure of success which had previously eluded them. *The New York Times* editorialized in 1885 that:

> The decadence of Spain began when the Spaniards adopted cigarettes and if this pernicious habit obtains among adult Americans, the ruin of the Republic is close at hand. . . .

Between 1895 and 1921, 14 states banned the sale of cigarettes.

Although there has been some posthumous debate about the efficacy of alcohol Prohibition as a means of reducing excessive or injurious use, the experiment failed to achieve its declared purpose: elimination of the practice of alcohol consumption. The habit was too ingrained in the society to be excised simply by cutting off legitimate supply.

In addition, the 18th Amendment never commanded a popular consensus; in fact, the Wickersham Commission, appointed by President Hoover in 1929 to study Prohibition, attributed the Amendment's enactment primarily to public antipathy toward the saloon, the large liquor dealers and intemperance rather than to public opposition to use of the drug.

Subsequent observers have agreed that Prohibition was motivated primarily by a desire to root out the institutional evils associated with the drug's distribution and excessive use; only a minority of its supporters opposed all use. And in this respect, Prohibition succeeded. Upon repeal, 13 years after ratification, liquor was back, but the pre-Prohibition saloon and unrestrained distribution had been eliminated from the American scene.

Both the scope of the alcohol habit and the ambivalence of supporting opinion are manifested in the internal logic of Prohibition legislation. The legal scheme was designed to cut off supply, not to punish the consumer. Demand could be eliminated effectively, if at all, only through educational efforts. Only five states prohibited possession of alcohol for personal use in the home. Otherwise, under both federal and state law, the individual remained legally free to consume alcohol.

The anti-tobacco movement was not propelled by the institutional outrage or the cultural symbolism surrounding the alcohol problem. It never succeeded on a national scale. Local successes were attributable to the temporary strength of the abstentionist impulse, together with the notion that tobacco-smoking was a stepping-stone to alcohol use. Lacking the consensus necessary to reverse a spreading habit, tobacco "prohibition" never extended to possession. Insofar as the anti-tobacco movement was really a coattail consequence of alcohol Prohibition, it is not surprising that all 14 states which had prohibited sale repealed their proscriptions by 1927.

By the early 1930's, the abstentionist thrust against alcohol and tobacco had diminished. State and federal governments contented themselves with regulating distribution and extracting revenue. When the decade ended, the general public no longer perceived alcohol and tobacco use as social problems. The two drugs had achieved social legitimacy.

A comparison between the national flirtation with alcohol and tobacco prohibition and the prohibition of the nonmedical use of other drugs is helpful in analyzing the marihuana issue. In 1900, only a handful of states regulated traffic in "narcotic" drugs—opium, morphine, heroin and cocaine—even though, proportionately, more persons probably were addicted to those drugs at that time than at any time since. Estimates from contemporary surveys are questionable, but a conservative estimate is a quarter of a million people, comprising at least 1% of the population. This large user population in 1900 included more females than males, more whites than blacks, was not confined to a particular geographic region or to the cities, and was predominantly middle class.

This 19th century addiction was generally accidental and well-hidden. It stemmed in part from over-medication, careless prescription practices, repeated refills and hidden distribution of narcotic drugs in patent medicines. Society responded to this largely invisible medical addiction in indirect, informal ways. Self-regulation by the medical profession and pharamceutical industry, stricter prescription practices by the state governments and regulation of labeling by the Federal Government in 1906 all combined in the early years of the new century to reduce the possibility of this accidental drug addiction.

About this same time, during the late 19th and early 20th centuries, attention within the law enforcement and medical communities was drawn to another use of narcotics—the "pleasure" or "street" use of these drugs by ethnic minorities in the nation's cities. Society reacted to *this* narcotics problem by enacting criminal legislation, prohibiting the non-medical production, distribution or consumption of these drugs. Within a very few years, every state had passed anti-narcotics legislation, and in 1914 the Federal Government passed the Harrison Narcotics Act.

The major differences between the temperance and anti-narcotics movement must be emphasized. The temperance movement was a matter of vigorous public debate; the anti-narcotics movement was not. Temperance legislation was the product of a highly organized nationwide lobby; narcotics legislation was largely *ad hoc*. Temperance legislation was designed to eradicate known problems resulting from alcohol abuse; narcotics legislation was largely anticipatory. Temperance legislation rarely restricted private activity; narcotics legislation prohibited all drug-related behavior, including possession and use.

These divergent policy patterns reflect the clear-cut separation in the public and professional minds between alcohol and tobacco on the one hand, and "narcotics" on the other. Use of alcohol and tobacco were indigenous American practices. The intoxicant use of narcotics was not native, however, and the users of these drugs were either alien, like the Chinese opium smokers, or perceived to be marginal members of society.

As to the undesirability and immorality of non-medical use of narcotics, there was absolutely no debate. By causing its users to be physically dependent, the narcotic drug was considered a severe impediment to individual participation in the economic and political systems. Use, it was thought, automatically escalated to dependence and excess, which led to pauperism, crime and insanity. From a sociological perspective, narcotics use was thought to be prevalent among the slothful and immoral populations, gamblers, prostitutes, and others who were already "undesirables." Most important was the threat that narcotics posed to the vitality of the nation's youth.

In short, the narcotics question was answered in unison: the non-medical use of narcotics was a cancer which had to be removed entirely from the social organism.

Marihuana smoking first became prominent on the American scene in the decade following the Harrison Act. Mexican immigrants and West Indian sailors introduced the practice in the border and Gulf states. As the Mexicans spread throughout the West and immigrated to the major cities, some of them carried the marihuana habit with them. The practice also became common among the same urban populations with whom opiate use was identified.

Under such circumstances, an immediate policy response toward marihuana quite naturally followed the narcotics pattern rather than the alcohol or tobacco pattern. In fact, marihuana was incorrectly classified as a "narcotic" drug in scientific literature and statutory provisions. By 1931, all but two states west of the Mississippi and several more in the East had enacted prohibitory legislation making it a criminal offense to possess or use the drug.

In 1932, the National Conference of Commissioners on Uniform State Laws included an optional marihuana provision in the Uniform Narcotic Drug Act, and by 1937 every state, either by adoption of the Uniform Act or by separate legislation, had prohibited marihuana use. In late 1937, the Congress adopted the Marihuana Tax Act, superimposing a federal prohibitory scheme on the state scheme.

Not once during this entire period was any comprehensive scientific study undertaken in this country of marihuana or its effects. The drug was assumed to be a "narcotic," to render the user psychologically dependent, to provoke violent crime, and to cause insanity. Although media attention was attracted to marihuana use around 1935, public awareness was low and public debate nonexistent. As long as use remained confined to insulated minorities throughout the next quarter century, the situation remained stable. When penalties for narcotics violations escalated in the 1950's, marihuana penalties went right along with them, until a first-offense possessor was a felon subject to lengthy incarceration.

With this historical overview in mind, it is not surprising that the contemporary marihuana experience has been characterized by fear and confusion on one side and outrage and protest on the other. As scientific and medical opinion has become better known, marihuana has lost its direct link with the narcotics in the public mind and in the statute books.

But extensive ambivalence remains about the policies for various drugs. Marihuana's advocates contend that it is no more or less harmful than alcohol and tobacco and should therefore be treated in similar fashion. The drug's adversaries contend that it is a stepping-stone to the narcotics and should remain prohibited. At the present time public opinion tends to consider marihuana less harmful than the opiates and cocaine and more harmful than alcohol and tobacco.

Interestingly, while marihuana is perceived as less harmful than before, alcohol and tobacco are regarded as more harmful than before. In some ways, the duality which previously characterized American drug policy has now been supplanted by an enlightened skepticism as to the variety of approaches to the non-medical use of various drugs.

Despite this shift in attitudes, however, the use of alcohol and tobacco is not considered a major social problem by many Americans, while marihuana use is still so perceived.

This remains true despite the fact that alcoholism afflicts nine million Americans. According to the National Institute on Alcohol Addiction and Alcoholism of the National Institute of Mental Health:

- alcohol is a factor in half (30,000) of the highway fatalities occurring each year;
- an economic cost to the nation of $15 billion occurs as a result of alcoholism and alcohol abuse;
- one-half of the five million yearly arrests in the United States are related to the misuse of alcohol (1.5 million offenses for public drunkenness alone); and
- one-half of all homicides and one-fourth of all suicides are alcohol-related, accounting for a total of 11,700 deaths annually.

Similarly, tobacco smoking is not considered a major public concern despite its link to lung cancer and heart disease. According to the Surgeon General in *The Health Consequences of Smoking, 1972:*

- cigarette smoking is the major "cause" of lung cancer in men and a significant "cause" of lung cancer in women; the risk of developing lung cancer in both men and women is directly related to an individual's exposure as measured by the number of cigarettes smoked, duration of smoking, earlier initiation, depth of inhalation, and the amount of "tar" produced by the cigarette; and

- data from numerous prospective and retrospective studies indicate that cigarette smoking is a significant risk factor contributing to the development of coronary heart disease (CHD) including fatal CHD and its most severe expression, sudden and unexpected death.

CULTURAL PERSPECTIVE

Realizing the importance of social change in understanding the issues surrounding the use of marihuana and other drugs, the Commission decided early that an objective appraisal of cultural trends was vital for the development of policy recommendations. Since neither the increase in marihuana use nor its attendant controversy is an isolated phenomenon, we sought a wider cultural perspective. To this end, the Commission sponsored a wide-ranging seminar on "Central Influences on American Life." With the cooperation of the Council for Biology in Human Affairs of the Salk Institute, we elicited a three-day conversation among 13 exceptionally thoughtful and perceptive observers of American life.*

It is well beyond both our mandate and our competence to attempt a definitive presentation of the status of the American ethical system. However, we shall try to suggest some of the more salient influences in our changing society, recognizing that only against the backdrop of society's fears, aspirations and values can a rational response to marihuana be formulated. Although we are not prepared to identify specific causal connections between these social trends and marihuana use, we do believe that some of the major points raised in the discussion of cultural change provide essential background in understanding the marihuana problem.

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*The participants included Jacques Barzun, as moderator, Mary Bingham, Claude T. Bissell, Kenneth Boulding, Robert R. Bowie, Theodore Caplow, Jay W. Forrester, T. George Harris, Rollo May, Jay Saunders Redding, Jonas Salk, Ernest van den Haag and Leroy S. Wehrle.

The Search for Meaning

One overriding influence in contemporary America is the declining capacity of our institutions to help the individual find his place in society. As one of the participants at the Seminar observed:

> A society is stable, peaceful, happy, not when it has rid itself of the tensions—because you never get rid of the tensions, because people's drives will be satisfied in ways that clash and so on—but when a very high proportion of the people feel fulfillment of some sort within the context which the society normally provides. The long-term problem now, for many many people, not just young people, is that this condition is not met.

Another noted:

> What is wrong with our social system, it seems to me, is that it no longer inspires in people a feeling of purpose, meaningfulness and so on.

A number of institutional trends have joined to deprive the individual of a sense of communal inspiration. Perhaps most important is the economic element. Whereas the individual's economic achievement formerly gave his life broad social meaning and inspired his existence, automation and technological advance have tended to depersonalize the individual's role in the economy. Instead of the economic system being dependent on individual productivity, the individual is increasingly dependent on the system. As his work dwindles in significance to the total society, it diminishes in meaning for him. Moreover, as more and more of our people share the nation's affluence, Horatio Alger's example is no longer needed to climb the economic ladder.

A particularly emphatic manifestation of the declining economic demand on the individual is the institutionalization of leisure time. Whereas the economy used to require long hours of work, now it barely requires more than a five-day week. Expanding vacation time and reduced work-weeks tend to diminish the strength of the work ethic. The implications of enforced leisure time are only now becoming apparent, and the concept of "idle hands are the devil's plaything" has to be reexamined in terms of acceptable forms of non-work behavior. This new time component, allowing for the assertion of individuality, has produced both privileges and problems.

In the last decade we have seen the beginnings of the institutionalization of this leisure ethic. A leisure-time industry has sprung up to organize this time period for the individual. Many Americans, due to the nature of their jobs in an automated economic system, find little personal satisfaction in their work, and many are now searching for individual fulfillment through the use of free time. Where meaning is not found in either work or recreational pursuits, the outcome is likely to be boredom and restlessness. Whether generated by a search for individual fulfillment, group recreation or sheer boredom, the increased use of drugs, including marihuana, should come as no surprise.

Another social development which has chipped away at individual identity is the loss of a vision of the future. In an age where change is so rapid, the individual has no concept of the future. If man could progress from land transportation to the moon in 60 years, what lies ahead? Paralleling the loss of the technological horizon is the loss of a vision of what the future, in terms of individual and social goals, *ought* to look like. Are times moving too fast for man to be able to plan or to adjust to new ways and new styles? This sense of the collapsing time frame was best summed up by one of the Seminar participants:

> . . . there are great forces that have developed over the last several decades that cause one to lose sight of the distant future. Let me contrast a rural farm family of several decades ago which settled a farm. They expected their children to live there, they can imagine their grandchildren living there—there is an image of the future. There is really no one who [now] has any image of where his great grandchildren will be or what they will do. This comes about because of the nature of industrial society; it comes about because we have retirement plans instead of looking after one's own old age. There are a whole set of these [factors].
>
> Now the morality, the ethics get tied into it because ethics are really a long-time horizon concept. It's something you engage in because it's contrary to immediate

> reward and immediate gratification and so you look to some distant future. But as one loses sight of any future then I think the ethics and morality creep up to the very near term also. . . . We have no one who has got an image of this country two hundred years from now, who is trying to create a structure that he believes will exist that long. So a number of these things . . . tie together in terms of the long-term goals and how they have shifted. In any of our systems there tends to be a conflict between the short-term and the long-term goals. If the long-term goals are lost sight of then the short-term expediencies seem to be the things that well up.

To the extent that planning for the future no longer gives the individual his inspiration, he must look to the present. Such a climate is conducive to pleasure-seeking, instant gratification and an entire life-perspective which our society has always previously disclaimed.

A third force depriving the individual of a presumed place in society is the loss of a sense of community, a sense of belonging. Mobility, mass living and rapid travel all conspire to destroy the smaller community. The family moves from place to place and then separates, with each child going his own way. This global thinking leaves little time for home-town concern.

The dissipation of geographic roots parallels a social uprooting. As one of our Seminar participants noted:

> When you grow up with a small number of people with whom you have to live for a while, it does something which isn't done now. It forces you to face yourself. It forces you to ask what kind of person you are, because you can't get away with it with a group you're going to have to live with. They know what you really are. The mobility has the effect of making it possible for people to live playing parts for years. It seems to me we see it among the youngsters: role playing as distinguished from being somebody. . . .

All of these social trends have their most potent impact on young people who are just beginning to develop their values, beliefs and commitments. The adult society has found it easier to adjust to the emergence of the leisure value. Having experienced it as a gradual process, they see it as a reward for previous toil. For many of our young, however, a substantial segment of leisure time may be considered an essential part of living; they have known no other experience. Similarly, an adult society, increasingly influenced toward the present, at least has developed an historical perspective. Also, adult values were internalized at a time when a future vision was possible. For many of the young, however, the present weighs more heavily. This notion is best reflected in the vociferous youth response to the Vietnam conflict, the embodiment of a war fought for the future.

Finally, all of these cultural changes have occurred, especially for the young, in an environment of affluence. The successful economic system has maximized individual freedom. But the individual has been given unlimited choices at exactly the time when a value system within which to make such choices is in doubt. Because he has no sense of direction, the result is restlessness, boredom and an increase in the likelihood of present-oriented choices. Self-destructive drug-taking is one form such behavior may take. One of our Seminar participants observed in this connection:

> It seems to me that you've got this affluence. So that while most of us grew up with the feeling that the channels within which we were going to have to move and make choices were very narrow, channels for these youngsters look absolutely open. It's an absolutely à la carte menu—it's the biggest à la carte menu you can imagine. [This occurs] in a situation in which this sense of radical change is going on so fast that you can't master it, together with a feeling that the society is being operated by very large organizations which you can't get a grip on, giving one a sense of helplessness, of not knowing where to take hold. All these things inherently are disorienting to youngsters and don't give them a feeling of challenge, [but rather] a doubt as to the meaning of their own lives, of the significance of their being here, [a sense of] being atoms. So then they do act like children in the sense of behaving violently to call attention to themselves. They do a whole lot of other things which, it seems to me, are the sort of things you often see when people feel their lives have no meaning.

Skepticism

Another major influence in contemporary American life with substantial relevance to the marihuana problem is the uneasy relationship between the individual and society's institutions, particularly the state. For 50 years, there has been a continuing upward flow of power to large institutional units, whether they be corporate conglomerates, labor unions, universities or the government. We have created a society which "requires the individual to lean on society," observed one of our Seminar participants, "in ways that formerly he did not have to do. He used to lean on the clan, on the family, on the village. We have used bureaucracy to deal with these problems." For many, the Federal Government epitomizes this development, bureaucratizing a social response to the most human of needs.

We suspect that the implications of this trend for the individual, although inevitable, became more visibly apparent in the 1960's. Mass institutions must deal through rules; the individual becomes a number. "Intuitively, [the individual] feels that bureaucracies must make man into an object in order to deal with him." So we have a depersonalization at exactly the time that many individuals are casting about for identity and fulfillment.

Simultaneously, technological advance poses the awesome prospect of 1984: the intrusion of the omnipresent state into the private affairs of the individual. Computerized data-banks and electronic surveillance are perceived as restrictions on individuality at a time when the desire for personal privacy is ascendant.

Another cultural feature of governmental bureaucracy during the sixties has been failure to match expectations. Government promises the elimination of poverty, the dissipation of racial discrimination, the excision of drug abuse, and creates rising expectations. But government is often ill-equipped or unable to perform such monumental tasks. As individual helplessness increases, as the "responsibility" of the bureaucracy enlarges, those in need often feel that the gap between public declaration and performance must be the result of a conspiracy to fail. And for the rest of us, there is the credibility gap. The net result is a loss of confidence in society's institutions. Viewed from this perspective, youthful dissent, cynicism and disobedience of the 1960's were not such surprising consequences.

Still another significant feature of institutional life in contemporary America is the lag between purpose and implementation. That is, some of our social institutions have not yet begun to deal with the consequences of the social and economic changes which have occurred over the last several decades. The best example, and the one most germane to the youth, is the educational system. Two generations ago, the labor force could assimilate the large majority of the nation's youth. Neither a high school nor a college education was prerequisite to occupational choice or achievement. Increased educational attainment was presumed to be limited to either the privileged or the able and would be rewarded by certain careers.

Today, however, the labor force grows more quickly than the system is able to assimilate it, and the educational system now serves as custodian as well as teacher. Although we sincerely wish to achieve the democratic ideal of a highly educated populace, we also keep our children in school as long as possible because we have nothing else for them to do. The trend is strikingly apparent even in the last 20 years.

Age	*Percent enrolled in school*	
	1950	*1970*
14–15	94.7	98.1
16–17	71.3	90.0
18–19	29.4	47.7
20–24	9.0	21.5

This custodial function confronts educators with a dilemma. Attrition is not in society's best interest; thus, single-minded devotion to the highest levels of achievement would be dysfunctional. In a sense, because the system no longer wants to turn away its subjects, the notion of failure has lost its meaning. As one of the Seminar participants observed:

> I think one of the problems is that there is no longer a penalty for failure. We—the educators—have had to

> lower standards in order to accommodate these people who need no longer fear failure. Of course this has been a cyclical thing, a wheel within a wheel. [If] there is no longer a penalty for failure, then there is no longer the need to acquire.

The changing function of education has been felt in both the secondary schools and in our institutions of higher learning. Numerous high school graduates cannot read. Colleges and junior colleges have sprung up overnight to accommodate the population, but many provide classrooms with little specific purpose. Only slowly is the educational system beginning to come to grips with its role in a changed society. At the university level, many educators have been appalled at sacrifices which have ensued from the custodial feature; rote learning, they contend, has supplanted citizen and character education.

Uncertainty about the role of the educational system has not escaped the students, particularly at the college level. Many of our youth, pressed into longer attendance, question its need or desirability. The demand for "relevance" is but another reflection of the search for meaning, for an understandable role in society. Drug use has perhaps provided an outlet for some members of this restless generation, uncertain of its place.

The Limits of Rationality

The social response to the individual's search for meaning has fostered an ambivalence, an unwillingness to act, a paralysis. In large measure, according to one Seminar member, this default of authority reveals the intensity of the search:

> In the same way we are getting universities that can't teach, families that can't socialize and police forces that can't catch criminals. In every case, the same issue is involved: the subject of authority questions the legitimacy of authority and the exerciser of it is unable to find—very often doesn't even try to find—a defense, because he feels in himself a sympathy, as do so many parents, with the challenge.

To a significant extent, society is waiting, hoping that the impulse for change will settle around certain fundamental attributes of the American ethic. At the present time, however, no consensus about the nature of these fundamentals exists. We are all looking for values that have deep roots, as we attempt to sort out the durable from the ephemeral.

All of the participants at our Central Influences Seminar agreed that the unique feature of this search was its arational quality. As one observer put it:

> We have been discussing the question of how we change a society. I don't think it's changed by rational intention. As I understand societies, historically and our own, what really is required to change it is something on a deeper level that involves myth, ritual, sacrament—a number of these functions that have always been related to societies. On these you can't just suddenly make up your mind and then prescribe.
>
> Regarding our problem of authority, you cannot really ask the question: why can't these people hang onto their authority? They can't hang onto it because what gave them authority is something not of themselves, but part of the society, part of a ritual, a sacrament: a way of behaving in the group which gave them authority, [whether] professorial, parental or policy authority. In each one of these cases, what we see is not the diminishing of these men so much but rather the developing emptiness, the lack of the particular ethic that gave them authority to start with. This is why we are in a terrible dilemma.
>
> What is essentially lacking is a system of ethics, morality or religion that gives birth to the myths, the rituals, the sacraments that are its expression. These touch human beings on the unconscious level. These are the ways we see the world. They are not our conscious thought, but the ways we form ourselves—form each other, love each other or hate each other—in terms not so much of rational intention as a deeper unconscious—conscious and unconscious—which is my definition of a myth; much more of a feeling level, a living level. That is what is not present now.
>
> What we need, below and above all our deliberations,

is the growth and development of an ethical system. We just do not have this now.

As we move into the 1970's, our society is collectively engaged in the task of determining what America means, and how each individual should find fulfillment in a changing age. From this wider perspective of flux emerges an uncertainty about what the increased prevalence of marihuana use means for the individual and the total society.

Formulating Marihuana Policy

Present symbolism, past implications, and future apprehensions all combine to give marihuana many meanings. These diverse notions of what marihuana *means* constitute the marihuana problem. In this atmosphere, the policy-maker's position is precarious insofar as no assumption is beyond dispute. Accordingly, the Commission has taken particular care to define the process by which a social policy decision should be reached.

In studying the arguments of past and present observers to justify a particular kind of marihuana policy, we conclude that a major impediment to rational decision-making in this area is oversimplification. As suggested earlier, many ingredients are included in the marihuana mix—medical, legal, social, philosophical and moral. Many observers have tended to isolate one element, highlight it and then extrapolate social policy from that one premise. In an area where law, science and morality are so intertwined, we must beware of the tendency toward such selectivity.

SCIENTIFIC OVERSIMPLIFICATION

It is wrong to assume, as many have done, that a particular statement of marihuana's effects compels a given social policy or legal implementation. An accurate statement of the effects of the drug is obviously an important consideration, but it is conclusive only if the effects are extreme one way or the other. For example, if the use of a particular drug immediately causes the user to murder anyone in his presence, we have no doubt that a vigorous effort to eliminate use of that drug would be in order. On the other hand, if the effects of the drug are purely benign, presenting no danger whatsoever to the user or society, no reason would exist to suppress it.

We know of no psychoactive substance, including marihuana, which falls at either of these extremes. Thus, it begs the issue to contend, as some have done, that because we don't know enough about the effects of heavy, chronic use, we should maintain the status quo. We know a lot about the adverse effects of alcoholism and heavy cigarette smoking, and yet no responsible observer suggests that we should adopt total prohibition for these drugs. Similarly, previous estimates of marihuana's role in causing crime and insanity were based on quite erroneous information; but to infer from this that marihuana should be considered totally benign and hence made freely available is also not logical. Both approaches are simplistic; both approaches fail to take into account the social context in which the drug is used and the dynamic factors affecting the role that marihuana use may or may not play in the future.

A similar manifestation of scientific oversimplification is the focus on causality. Many opponents of marihuana use feel compelled to establish a causal connection between marihuana use and crime, psychosis, and the use of other drugs, while their adversaries focus the dispute on negating such relationships. The Commission believes that this tendency misses the mark.

The policy-maker's task is concerned primarily with the effects of marihuana on human behavior. For both philosophical and practical reasons, proof of causal relationships is next to impossible. At the same time, however, the extent to which marihuana use is associated with certain behaviors and whether any significant relationships exist can offer important clues.

We must be cautious when dealing with such data. Yet we cannot afford to paralyze the decision-making process simply because absolute "proof" is lacking. Spokesmen on both sides of the marihuana debate should focus not on causation but instead on the relevance of the association between various behavioral effects and marihuana use.

PHILOSOPHICAL OVERSIMPLIFICATION

Some partisans stoutly maintain that the state has no right to interfere with essentially private conduct or that the state has no right to protect the individual from his own folly. Some of the greatest minds of the Western world have struggled over such philosophical issues, always with the same outcome: a recognition of the need to draw a line between the individual and his social surroundings. That is, everything an individual does, in private or not, potentially may affect others. The issue is really to determine when the undersirable effect upon others is likely enough or direct enough for society to take cognizance of it and to deal with it. Coupled with this is the further question of whether the nature of the behavior and its possible effect is such that society should employ coercive measures.

Advocates of liberalization of the marihuana laws commonly contend either that the decision to use marihuana is a private moral decision or that any harm flowing from use of the drug accrues only to the user. Defenders of the present restrictions insist that society not only has the right but is obligated to protect the existing social order and to compel an individual to abstain from a behavior which may impair his productivity. Unfortunately, the issue is not so simple and the line often drawn between the *private* conduct and behavior affecting the *public* health and welfare is not conclusive or absolutely definable.

For example, a decision to possess a firearm, while private, is considered by many to be of public magnitude, requiring governmental control. A decision to engage in adulterous conduct, although generally implemented in private, may have public consequences if society believes strongly in the desirability of the existing family structure. Similarly, excessive alcohol consumption, in addition to its adverse effects on individual health, may impair familial stability and economic productivity, matters with which the total society is concerned.

So, while we agree with the basic philosophical precept that society may interfere with individual conduct only in the public interest, using coercive measures only when less restrictive measures would not suffice, this principle merely initiates inquiry into a rational social policy but does not identify it. We must take a careful look at this complicated question of the social impact of private behavior. And we must recognize at the outset the inherent difficulty in predicting effects on the public health and welfare, and the strong conflicting notions of what constitutes the public interest.

Again and again during the course of our hearings, we have been startled by the divergence of opinion within different segments of our population. Sometimes the disagreement is quite vehement, and relates to the underlying social concerns of particular groups. For example, we were told repeatedly by leaders of the urban black communities that they wanted to purge all drug use from their midst, marihuana included, and that the "legalization" of marihuana would be viewed as part of a design to keep the black man enslaved.

On the other hand, we were informed repeatedly by the activist student element that the present social policy regarding marihuana was merely a tool for suppression of political dissent, and until the law was changed, there could be no hope of integrating the dissident population into the mainstream of American society.

Such statements reemphasize the degree to which marihuana is regarded as a symbol of a larger social concern.

The conflicting notions of the public interest by different segments of the population reinforced in the Commission's deliberations the realization that we have been called upon to recommend public policy for all segments of the population, for all of the American people. The public good cannot be defined by one segment of the population, the old or the young, users or non-users of marihuana, ethnic minorities or white majority. At the same time, the fears of each of these groups must be taken into consideration in arriving at the basic social objectives of the Commission's public policy recommendation. Where such fears are real, they must be confronted directly; where they are imagined, however, they must be put in perspective and, hopefully, laid to rest.

SOCIOLOGICAL OVERSIMPLIFICATION

Public debate and decision-making in our society suffer from the glorification of statistical data. After a particular social phenomenon, such as marihuana use, has been defined as a problem, armies of social-scientific researchers set out to analyze and describe the problem. A sophisticated computer technology instantly translates millions of bits of data into correlations, probabilities and trends. The most striking findings are then fed to a data-hungry public. The result is data overload.

Descriptive information about the nature and scope of marihuana use as a behavior is an essential component of the policy-maker's knowledge-base. However, such information does not in itself have social policy implications. The policy-maker must define goals and evaluate means; only after he asks the right questions will statistical data suggest useful answers. Unfortunately, a tendency exists in the marihuana debate to assign prescriptive meanings to descriptive data without testing the underlying assumptions. Further, the data have often been accumulating in a fragmented way. No overall plan was devised beforehand; the result has been an *ad hoc* use of available data triggered by individual research interests rather than by long-term policy needs.

What does it mean that 24 million people have tried marihuana? Some have suggested that it means marihuana ought to be legalized. But does it mean the same thing if 15 million tried the drug once and have decided not to use it again? And does it mean the same thing if popular interest in the drug turns out to be a passing fancy, which wanes as suddenly as it waxed?

On the other side of the controversy, what does it mean that a substantial percentage of the public would favor increased penalties for marihuana use? The prescriptive implications of a democratic impulse may be offset by a preference for individual freedom of choice. Also, this segment of public opinion may have been influenced by incorrect information, such as unwarranted belief in marihuana's lethality or addiction potential. So, although the policy-maker must be aware of political realities, he must not allow his function to be supplanted by public opinion polls. This is an area which requires both awareness of public attitudes and willingness to assert leadership based on the best information available.

LEGAL OVERSIMPLIFICATION

Perhaps the major impediment to rational decision-making is the tendency to think only in terms of the legal system in general and of the criminal justice system in particular. This thinking is certainly understandable, given the history of marihuana's involvement with the criminal law. Nonetheless, the law does not exist in a social vacuum, and legal alternatives can be evaluated only with reference to the values and policies which they are designed to implement and the social context in which they are designed to operate.

Legal fallacies are apparent on both sides of the marihuana controversy. Many of the persons opposed to marihuana use look exclusively to the law for social control. This reliance on the law is stronger today because many of our fellow citizens are uneasy about the diminishing effectiveness of our other institutions, particularly when the non-legal institutions have been relatively lax in controlling drug-related behavior. Increasing reliance is placed upon the legal system to act not only as policeman, but as father confessor, disciplinarian, educator, rehabilitator and standard-bearer of our moral code. Little or no thought is given to what impact this over-reliance on the law has on the viability of other social institutions, not to mention its effect on the legal process.

A society opposed to marihuana use need not implement that policy through the criminal law. Non-legal institutions, such as the church, the school and the family, have great potential for molding individual behavior. Accordingly, the policy-maker must delicately assess the capacity of the legal system to accomplish its task and must consider the mutual impact of legal and non-legal institutions in achieving social objectives.

We recognize the short-sightedness of an absolute assumption that the criminal law is the necessary tool for implementing a social policy opposed to marihuana use. But equally short-sighted is the opposing contention which attempts to analyze the law separately from its underlying social policy objective. This argument assumes that if the law isn't working, or if the costs of enforcing the law outweigh its benefits, the law should, therefore, be repealed.

If society feels strongly enough about the impropriety of a certain behavior, it may choose to utilize the criminal law even though the behavior is largely invisible and will be minimized only through effective operation of other agencies of social control. Laws against incest and child-beating are good examples. In weighing the costs and benefits of a particular law, one must provide a scale and a system of weights. The scale is the normative classification of behavior, and the system of weights is the largely subjective evaluation of the importance of the values breached by the behavior. This weighing process is what is open to dispute.

In sum, no law works alone. Where an unquestioned consensus exists about the undesirability of a particular behavior and all social institutions are allied in the effort to prevent it, as is the case with murder and theft, the law can be said to "work" even though some murders and thefts may still be committed. Where society is ambivalent about its attitude toward the behavior and other institutions are not committed to its discouragement, the law cannot be said to be working, even though many people may not engage in the behavior because it is against the law.

The question is whether the social policy, which the law is designed to implement, is being achieved to a satisfactory extent. To determine the role of law regarding marihuana, we must first look to society's values and aspirations, and then define the social policy objective. If we seek to discourage certain marihuana-related behavior, we must carefully assess the role of the legal system in achieving that objective.

The Report

In this Chapter, we have tried to put the marihuana problem in perspective. In the remainder of this Report, we explore several aspects of the phenomenon of marihuana use, its effects, its social impact and its social meaning, assessing their relative importance in the formulation of social policy.

In Chapter II, we consider the effects of the drug on the individual user, with particular attention to the size of the user population for whom various effects are relevant. The Commission emphasizes that this material is related only indirectly to its policy-making function. The social policy planner is concerned not about the effects on the individual *per se*, but about the impact of any adverse effect on his behavior and on the larger society and about the meaning of this behavior in the larger social perspective. The material in Chapter II serves primarily to educate and inform.

In Chapter III, the Commission evaluates the various threats which marihuana use is perceived to present to the public safety, public health and dominant social order. This Chapter is designed to assess the social impact of marihuana use, the initial step in the policy-making process.

In Chapter IV, we consider what role marihuana use plays and will play in the life of American society. This is the dynamic element of marihuana use and is the most intangible of the marihuana realities, but is particularly important from a policy-planning perspective. This consideration is the one most overlooked by contemporary observers and participants in the marihuana debate.

Because social meaning is not a directly measurable entity, we must examine the ways in which society responds to the behavior and whether such responses, both formal and informal, are fluid or static. After analyzing public opinion, law enforcement behavior and the reactions of medical, educational, and other segments of the population, we then discuss what marihuana use has come to mean and is likely to mean in the future. Particularly important in this highly speculative endeavor is the wider cultural perspective which we described earlier in this Chapter.

In Chapter V, we bring this information to bear on a policy-making process. After establishing the philosophical framework, we explore the spectrum of social policy options, choosing the one we judge most suitable to the present time. Then we consider the range of legal alternatives for implementing this chosen policy, and select the one we believe to be most appropriate for achieving it.

In an addendum to the Report, we present some ancillary recommendations. Some of these recommendations flow from our basic premise, others are a result of independent evaluation by the Commission of other areas of concern.

We ask the reader to set his preconceptions aside as we have tried to do, and discriminate with us between marihuana, the drug, and marihuana, the problem. We hope that our conclusions will be acceptable to the entire public, but barring that, we hope at the least that the areas of disagreement and their implications will be brought into sharper focus.

II. MARIHUANA USE AND ITS EFFECTS

The ultimate objective of the Commission is to evaluate the total impact of actual and potential marihuana use on contemporary American society. This endeavor involves three phases: first, an evaluation of the nature and scope of contemporary American marihuana use; second, a careful reevaluation of the pharmacological effects of the drug on the human body with special emphasis on the drug's capacity to alter or modify behavior; and third, an evaluation of the impact of marihuana use on society. This chapter deals with the first and second phases, and Chapter Three deals with the third.

The Marihuana User

Cannabis has been used widely for many centuries in nonindustrialized countries of Asia and Africa. Today, as in earlier years, use of the drug is concentrated primarily among lower socioeconomic groups. In these countries, the practice is estimated to be confined to a tenth of the lower socioeconomic, male population. Although such use of the drug is well-established, it offers little direct comparison with the American experience.

Although the commercial, industrial and therapeutic value of the hemp plant was widely recognized and exploited in the United States from the earliest days of its history, knowledge and use of its intoxicating and psychoactive properties remained largely unknown until about 1900.

At that time, the custom of smoking marihuana was generally limited to groups of Mexican itinerant workers in the border states of the Southwest. By 1910, marihuana use began to emerge in other southern states and cities, particularly New Orleans, and in the port cities along the Mississippi River. In time, these cities became distribution centers for enterprising sailors. From there, marihuana use spread cross-country to other urban centers, mining camps, railroad construction sites, farm labor camps, "bohemian" communities of artists and jazz musicians, and various other groups outside the mainstream of American society.

Recently, of course, use of the drug has spread to young, white, middle class groups and especially to high school and college populations.

DEMOGRAPHIC CHARACTERISTICS

On the basis of the Commission-sponsored National Survey, we have concluded that contemporary marihuana use is pervasive, involving all segments of the U.S. population. The Survey estimated that about 24 million Americans over the age of 11 years (15% of the adults 18 and over, and 14% of the 12-17 year olds) have used marihuana at least once, referred to in this Report as ever-users. Until recently twice as many males as females had used it; the most up-to-date studies of high school students, college-age individuals, and young adults carried out by the Commission indicate that this sex differential appears to be diminishing. In many youthful populations use is almost equally distributed between males and females.

Marihuana use does not appear to vary significantly by race. With respect to the religious affiliation of the users, Jews and Catholics appear to be slightly overrepresented as compared to Protestants.

Usage is highest in cities, towns, and suburbs but not uncommon in rural areas. States in the Northeast and West have considerably higher rates of use than have the North Central states, which in turn have significantly higher rates than those in the South.

Use is found in all socioeconomic groups and occupations, though slightly more predominant among persons with above-average incomes. A New York survey of the state's general population indicated that ever-use as well as regular use is almost equally prevalent among sales workers, clerical workers, skilled, semiskilled and unskilled workers, managers, owners, professionals and technical workers.

At the same time, the incidence of use seems to vary according to educational attainment. Among all adults not now in school, 5% of those with an eighth grade education or less have used the drug, contrasted with 11% of those who completed some high school, 14% of those who graduated from high school, 25% of those who completed some college and 21% of those who graduated from college.

Age is presently one of the most significant correlates of marihuana use. Among the total population, those who have tried or used marihuana at least once, termed ever-users, are heavily concentrated in the 16–25 age bracket. Of *all* the ever-users, about half are in this group. At the same time, however, we should emphasize that use is by no means confined to teenagers and young adults.

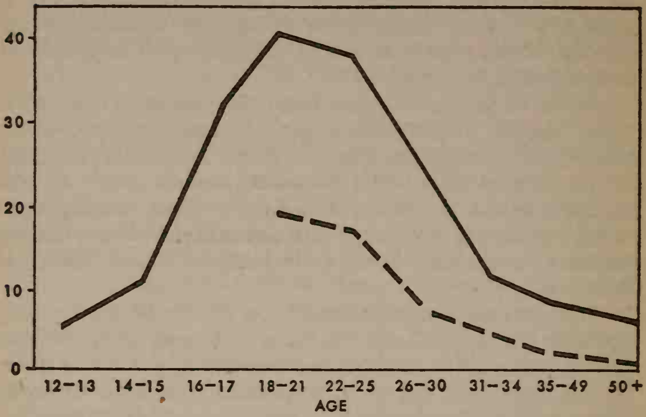
The proportion of individuals in different age groups who have used marihuana is indicated in the graph on the following page.

The incidence of use is greatest among young people: 27% of the 16-17-year-olds, 40% of the 18-21-year-olds, and 38% of the 22-25-year-olds have tried marihuana; at the low extremes, 6% of the 12-13-year-olds and 6% of the over-50 generation have used the drug.

Among those now in school, incidence also seems to rise with increasing school level: Ever-users represent 44% of those persons now in college or graduate school; 30% of high school juniors and seniors; 17% of freshmen and sophomores; and 8% of students in junior high school.

At the same time, the use of the drug among adults is by no means confined to college students. Even among the

MARIHUANA EXPERIENCE BY AGE
Percent who have ever used Marihuana (solid line) and of adults who use it now (dotted line)



18–25-year-olds, 75% of the ever-users are not now in school.

The initial patterns of contemporary marihuana use appear to be shifting; there is a trend toward increased use among college students as well as non-college students. Non-student users now span social class, income level and occupational classification. In addition, the proportion of users increases during the teens, peaks during the young adult years and then falls off rapidly (see graph).

Having described the incidence of *any use* of marihuana *ever*, and demographic characteristics of the 24 million Americans who have tried the drug, we recognize the need to place this information into perspective. The policy-maker must also be concerned with the patterns of use: frequency, amount consumed at each smoking, and duration of use.

PATTERNS OF USE

The most striking of the use patterns revealed in the National Survey is that 41% of the adults and 45% of the youth who have ever used marihuana reported that they no longer use the drug. Twenty-nine percent of the adults and 43% of the youth reported that they are still using marihuana (see Table 1). When asked why they had terminated use, the overwhelming majority of adults (61%) specified, among other reasons, that they had simply lost interest in the drug.

Table 1.—EXPERIENCE WITH MARIHUANA

Frequency	Percent of ever-users		Designation
	Adults (18 and over)	Youth (12–17)	
Have used marihuana but no longer use.	41	45	Experimenters.
Once a month or less...........	9	15	
2–3 times per month...........	8	10	Intermittent users
Once per week................	4	9	
Several times per week.........	5	4	Moderate users.
Once daily....................	1	1	
More than once daily...........	2	4	Heavy users.
No answer....................	30	12	

These data indicate that at least 41% of the adults and 45% of the youth have used marihuana but have discontinued use; 9% of the adults and 15% of the youth use the drug sporadically, once a month or less. These persons can be characterized as experimental marihuana users.*

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*All respondents for the National Survey were asked to complete a self-administered questionnaire. This instrument covered many sensitive areas, including a series of items on personal experience with marihuana and other drugs. Given the nature of the questions, the contractor took every precaution to insure that the interviewee responded honestly and that his responses were kept strictly confidential. Even the interviewer who orally administered the rest of the Survey was not permitted to view the written instrument.

One of the inevitable costs of such confidentiality is the risk that a certain percentage of respondents would not complete one or more of the questions. Where a significant number of questions remained unanswered, the questionnaire was not tabulated at all. However, in 30% of the otherwise complete questionnaires, the adult respondents who had ever used the drug did not answer the question, "On the average, about how often do you use marihuana at the present time?"

Concerned about the meaning of this non-response rate, the Commission directed the contractor to conduct a detailed analysis comparing the non-respondents with all respondents and with those

To ensure an understanding of this section of the Report, some definitions are required at this juncture. In this Report, the Commission employs the following designations:

Frequency of Use

Experimental—At least one trial to once a month or less.
Intermittent—Two to 10 times monthly.
Moderate—11 times monthly to once daily.
Heavy—Several times daily.
Very Heavy—Almost constant intoxication with potent preparations; brain rarely drug free.

Duration of Use

Short Term—Less than two years.
Long Term—Two to 10 years.
Very Long Term—Over 10 years.

Twelve percent of the adults and 19% of the youth who have ever used marihuana can be designated *intermittent* users; they continue to use the drug more than once a month, but less than several times a week, probably on weekends. Six percent of the adults and 5% of the youth are moderate users who continue to use marihuana several times a week to once daily.

Finally, 2% of the adults and 4% of the youth who have ever used marihuana are *heavy* users: they use the drug several times daily. A very small fraction of these heavy users may be *very heavy* users, who are intoxicated most of their waking hours and probably use very potent preparations of the drug.

In addition to frequency, duration of use is an important variable in discussing use patterns and especially when con-

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individuals who had never used marihuana at all. On the basis of this analysis, we are confident that the overwhelming majority, if not all, of the non-respondents are experimenters.

In the first place, the demographic characteristics of the non-respondents coincide closely with those of the non-users and less frequent users. Very few of the young adults, where more frequent use is concentrated, failed to respond.

Secondly, the non-respondents are disproportionately located in the geographic regions where use was least prevalent and least frequent. For example, 50% of the ever-users in the North Central region failed to respond, compared to 7% in the West. Yet only 5% of the ever-users in the North Central region continue to use the drug more than once a week, compared to 21% in the West; and less than 5% of the ever-users in the North Central region use the drug more than once a day, as compared to 4% in the West.

sidering drug effects. Most users in this country have smoked the drug over a *short term,* that is, less than two years. Others have used the drug over a *long term,* two to 10 years. Very few Americans can be considered *very long term users,* that is, over 10 years.

Another important element of use is the amount of marihuana used on each occasion. Most intermittent and moderate users average about one-half to one cigarette per occasion, usually at night. Most heavy users smoke at least one to two cigarettes on occasion, with a few using as many as five consecutively.

As this brief description of use patterns suggests, marihuana use and the marihuana user do not fall into simple, distinct classifications. Although it is possible to sketch profiles of various marihuana-using populations, no valid stereotype of a marihuana user or non-user can be drawn. The spectrum of individuals who use or have used marihuana varies according to frequency, intensity and duration of use. It is meaningless to talk of "the marihuana user" or "marihuana use" without first clarifying descriptive data.

PROFILES OF USERS

Several studies by the Commission and many other recent college and high school surveys have elucidated a variety of personality types or categories of marihuana users. These profiles relate primarily to the patterns depicted above and to the meaning of marihuana use for various individuals. Essentially we will describe a continuum with much overlapping among the categories. The reader should understand that group identification is at best a hazardous occupation; the traits described are not exclusive to marihuana users. A much larger number of individuals who have not used the drug can be similarly described.

Experimental Users

The first and by far the largest group has been designated as "experimenters" because of their extremely infrequent or non-persistent marihuana usage. Experimentation with the drug is motivated primarily by curiosity and a desire to share a social experience. These experimenters are characteristically quite conventional and practically indistinguishable from the non-user in terms of life style, activities, social integration and vocational or academic performance.

Disciplined, optimistic, and self-confident, experimenters appear to be as conventional, responsible, goal-oriented and orderly as non-users.

Intermittent Users

The intermittent users are motivated to use marihuana for reasons similar to those of the experimenters. They use the drug irregularly and infrequently but generally continue to do so because of its socializing and recreational aspects. For the intermittent user, marihuana often contributes to the establishment and solidification of close social relations among users similarly inclined. The individual has a sense of belonging to an intimate group.

Investigations of behavioral aspects of marihuana smoking clearly demonstrate that marihuana smoking is a social activity, believed by intermittent users to enhance the enjoyment of shared activities, especially music, art, films and food.

In a Commission-sponsored study to determine the effects of repeat doses of marihuana, under free access conditions, the subjects smoked almost exclusively in groups. A certain number of these individuals tended to share much of their leisure time in common activities, and marihuana smoking was the focal activity around which other types of social interactions revolved, such as conversation, watching TV, listening to music and playing games. The intermittent users studied exhibited an increased sense of well-being, relaxation and friendliness during these activities. They were more inclined to seek and emphasize the social rather than personal effects of the drug.

Intermittent marihuana users, like the experimenters, are generally conventional in most respects. They are more liberal politically and socially and they tend to stress education for personal improvement rather than for recognition or high grades. Like many non-users, these individuals are likely to be self-expressive, intellectually and culturally oriented, creative, and flexible. Placing a high value on experimentation and responsible, independent decision-making, they often manifest a desire to search for new experiences, resulting in some behaviors which depart from the norms of the larger society. Often accompanying their search is a sense of uncertainty about the future.

Moderate and Heavy Users

The final groups of marihuana users are the moderate and heavy users. This range is wide and includes individuals who use marihuana more than 10 times a month to several times a day. Practically all of the American research effort to date has focused on the large majority of individuals who use less often, that is, the experimental and intermittent users. Consequently, not enough is known about characteristics and behavior of the moderate and the heavy users, so it is difficult to distinguish accurately between the two groups. We suspect however that the moderate users share traits with both the intermittent and the heavy users. Having already discussed the intermittent group, we will now turn to the characteristics of the heavy group.

Heavy users seem to need the drug experience more often. Their initial and continued marihuana use is motivated not only by curiosity and an urge to share a social experience but also by a desire for "kicks," "expansion of awareness and understanding" and relief of anxiety or boredom.

Generally, the heavy marihuana user's life style, activities, values and attitudes are unconventional and at variance with those of the larger society. These individuals are more pessimistic, insecure, irresponsible, and non-conforming. They find routine especially distasteful. Their behavior and mood are restless and uneven.

Heavy users place particularly strong emphasis on impulsive response in the interest of pleasure-seeking, immediate gratification, and individual expression. They tend to evidence social and emotional immaturity, are especially indifferent to rules and conventions, and are often resistant to authority. However, several surveys have also revealed that they tend to be curious, socially perceptive, skillful and sensitive to the needs of others, and possess broadly based, although unconventional, interests.

The Boston free-access study permitted the Commission to observe a group of individuals whose life styles, activities, values and attitudes are representative of a segment of the unconventional youthful subculture. The month-long period of controlled study during the fall prevented the participation of individuals who were married, steadily employed, or enrolled in school.

Individuals who smoked marihuana once a week or less were sought by the researchers but were exceedingly unusual among the population available for the study. Consequently, the group studies contrasted with the student and full-time working populations in which weekly marihuana use is more common. For this reason, the intermittent users studied appeared to be similar to, rather than different from, the moderate and heavy users studied. Both groups had used marihuana for an average of five years.

Under the study's confined conditions, participants tended to smoke more marihuana than they did "on the outside." The intermittent users, who by our definition averaged eight times a month under outside conditions, averaged three cigarettes a day during the study. The range was from one-half to six cigarettes daily.

The moderate and heavy users, who "on the outside" averaged 33 times a month, now averaged six-and-a-half cigarettes a day. The range was three-and-a-half to eight cigarettes. In discussing the Boston study, we will call this group "daily" users.

Smoking usually occurred at night, sometimes during the afternoon and only occasionally upon awakening. The intermittent and heavy users usually smoked one cigarette a session. The daily users were more likely to smoke more than one a session. A few individuals in the daily group could have been considered constantly intoxicated on a few occasions during the 21-day period.

The mean age of the subjects studied was 23. Based on IQ testing, they were superior intellectually, although they had completed, on the average, only two-and-a-half years of college. Their job histories were rather erratic, characteristic of a pattern of itinerant living. The intermittent users were from a middle or upper class background, while the daily users generally shared a lower socioeconomic status. Broken homes and instances of alcohol or drug abuse were more common in the family backgrounds of the daily users.

Alcohol was rarely used by the subjects. Use of hallucinogens and amphetamines was significantly more widespread and had begun earlier in the daily user group. In contrast to the intermittent group, the daily users almost uniformly reported that marihuana smoking produced relaxation, noting also increased alteration in perception or psychedelic-like effects. Similarly, they reported an increased sense of well-being, friendliness, carefreeness and decreased hostility. Additionally, the daily users appeared to demonstrate a moderate psychological dependence on the marihuana experience while the intermittent users demonstrated little or no psychological dependence.

Analysis of social-behavioral aspects of daily users' marihuana smoking clearly demonstrated that it is a pivotal social activity around which conversation, other personal interactions, and much of the users' lives revolve. Smoking almost exclusively occurred in groups and was the focal activity around which these groups formed. The daily users exhibited a readiness to take part in but not to initiate a smoking session.

In contrast to the intermittent users, all the daily users in a group smoked when marihuana was made available. Marihuana smoking appeared to be a primary means of reinforcing group solidarity. Yet these users were more inclined to seek the personal effects of the drug rather than the socializing effects sought by the intermittent users.

The social adjustment of the daily users, when judged from a traditional psychiatric standpoint, was impaired. Individuals tended to be more withdrawn and to interact less with each other than the intermittent users, regardless of the type of activity or state of intoxication. However, the daily users did appear to accommodate themselves better than the intermittent users to the effects of the intoxication on social interaction.

Despite a relatively high level of scholastic attainment and superior intelligence, many of the subjects were performing well below their intellectual capability, usually working at menial, mechanical or artisan tasks. They were not oriented toward achieving the traditional goals of the larger society.

Nonetheless, during the period of the Boston study, the subjects could not be characterized as displaying a general lassitude and indifference, carelessness in personal hygiene or lack of productive activity, all supposed to be characteristic of very heavy use. Even during the periods of heaviest marihuana smoking, they maintained a high level of interest and participation in a variety of personal activities, such as writing, reading, keeping up on current world events, and participating in athletic and aesthetic endeavors.

Additionally, all of the subjects maintained a desire to complete all aspects of the research study. Although they could be labeled "underachievers" in terms of the traditional standards of the larger society, these individuals were motivated to pursue actively the interests and activities of their own subculture.

Generally, most studies which have been undertaken indicate that individuals who are heavy marihuana users cannot find a place for themselves in conventional society. Their heavy marihuana use may reflect and perhaps perpetuate their unconventionality while providing social acceptance in one of the non-conventional subcultures.

Very Heavy Users

The Commission's analysis of frequency, quantity and duration of marihuana use suggests that the United States is at the present time in a fortunate position. All of the studies available to the Commission have indicated that only a minute number of Americans can be designated as very heavy marihuana users. These studies uniformly indicate that chronic, constant intoxication with very potent cannabis preparations is exceedingly rare in this country.

The Commission believes that important distinctions must be made between the daily (moderate and heavy) American marihuana user and the very heavy hashish or charas user in other parts of the world where cannabis is widely cultivated and its use deeply ingrained. Many of the North African and Asian users do not employ the drug only as an intoxicant in the Western sense. Instead, it is frequently used in "folk medical practice," in religious rites and as a work adjunct, particularly in those occupations which are physically demanding, monotonous, unintellectual and offer little possibility of advancement.

In these countries, very heavy use is typically associated with young males from a lower socioeconomic background. Nonetheless, use is more widespread among all ages and elderly chronic users are not uncommon.

Generally, these very heavy users consume high amounts of very potent preparations continually throughout the day so that they are rarely drug free. These individuals evidence strong psychological dependence on the drug, requiring compulsive drug-taking. Clear-cut behavioral changes occur in these extreme cases. The very heavy user tends to lose interest in all activities other than drug use. A common element of the behavioral pattern is lethargy and social deterioration. Not surprisingly, these users have been held in low esteem and very heavy use has been subject to societal disapproval in almost all countries.

BECOMING A MARIHUANA USER

Our attempt to classify marihuana users is primarily for descriptive purposes. It does not imply that all individuals who resemble any of the categories are necessarily marihuana users. Nor is it implied that all marihuana users fit neatly or precisely into these slots. There is no "typical" marihuana user, just as there is no typical American. The most notable statement that can be made about the vast majority of marihuana users—experimenters and intermittent users—is that they are essentially indistinguishable from their non-marihuana using peers by any fundamental criterion other than their marihuana use.

But if most users and non-users of marihuana essentially are indistinguishable, why have some people chosen to use the drug and others not, and why have some people continued to use it and others not? An important part of the explanation is that use of marihuana, like all human behavior, occurs within specific social and cultural settings. The individual's biological characteristics and personality probably play an important role in determining the pattern his use will take. However, the cultural and social setting play a larger role in determining whether he will use it at all.

Numerous studies have demonstrated that the young person who chooses to use marihuana differs in some important sociological respects from his peer who does not choose to do so. These differences relate to his willingness to experiment with a drug, especially a forbidden one. In short, the process of becoming a marihuana user is not a "seduction of the innocent" as is often portrayed. Based on interrelated familial, social and cultural factors, persons, especially young persons, who may choose to use marihuana can be predicted statistically.

Parental Influence

The decision to use marihuana is related to parental life style. Parents provide the most important example of acceptable drug-taking behavior for their children. That marihuana users frequently have medicine-taking, cigarette-smoking or liquor-drinking parents has been demonstrated. In a series of Canadian studies, grade and high school students who said their mothers took tranquilizers daily were three times more likely to try marihuana than the students who did not so report.

Beyond the influence of a drug-taking example, parents have the primary influence on their children's acquisition of skills, values and attitudes necessary to be mature and responsible adults. Many parents have oriented their children toward becoming independent, competent, educated and adaptive adults.

Simultaneously, many young people observe in their parents' lives the trend toward shorter work periods, earlier retirement and increased emphasis on leisure-time activities. It appears that the incidence of adolescent marihuana use is strongly correlated with this trend toward increased leisure time.

Situational Factors and Behavioral Correlates

All studies of the ever user, including the Commission-sponsored National Survey, have established that marihuana smoking is significantly correlated with a number of demographic variables. Males, college students, and residents of metropolitan areas, especially in the Northeast and West, are generally over-represented in proportion to their percentage of the total population.

Among the behaviors statistically correlated with marihuana use are radical politics, visits to psychiatrists, sexual freedom, and separate residences from parents. The most significant behavior seems to be use of legal drugs, especially alcohol and tobacco. Young people who choose to experiment with marihuana are fundamentally the same people, socially and psychologically, as those who use alcohol and tobacco. For example, in a study of high school youngsters, only 3% of all the non-smokers in the sample had ever tried marihuana, compared with 50% of all the current cigarette smokers. Similarly, for alcohol drinking outside the family setting, only 2% of all the non-drinkers had tried marihuana, as compared to 27% of the drinkers. The National Survey tends to confirm the close association between marihuana use and cigarette smoking and alcohol use. Among all the adults sampled in the Survey, 71% had smoked cigarettes and 39% are current smokers. Similarly, of adult non-marihuana users, 70% have smoked cigarettes and 38% are current smokers. These percentages increase somewhat for marihuana users: 87% have smoked cigarettes and 54% are current cigarette smokers.

In regard to alcohol consumption, 40% of all the adults sampled indicated that they had not consumed beer or hard liquor in the 30 days prior to the survey. Marihuana users tended to have consumed alcohol more often than non-marihuana users (Table 2).

Table 2.—LIQUOR CONSUMPTION DURING 30-DAY PERIOD

	0 days	1–4 days	5–10 days	11 or more days	No answer
Percent of non-marihuana users..	45	19	6	7	21
Percent of marihuana users......	26	30	12	8	24

Social Group Factors

One of the most influential factors in determining behavior in contemporary America among adolescents and young adults is peer-group influence. Knowing other people who use marihuana predisposes the individual to use marihuana, and having marihuana-using friends provides the social opportunity for the curious. The individual who is already part of a social group which uses marihuana indicates by this choice that his attitudes and values are already to some degree compatible with illicit drug use.

Social peer groups are especially influential upon individuals who have not yet become "successful" adults, such as adolescents, college students and young adults, who spend a great deal of time and effort competing for status in situations where status opportunities are minimal. The social peer group provides an opportunity for achieving status among equals by demonstrating competence and autonomy. Outstanding performance in athletics, organizations or academics demonstrates competence but not autonomy because these activities are adult-oriented and controlled. Additionally, only a relative few are able to excel.

Opportunity to prove oneself is more readily available in the peer group. Often, adolescents participate in forms of delinquent behavior, termed symbolic infractions, in order to demonstrate autonomy and competence to their peers. These include joy-riding, vandalism, sexual promiscuity, underage drinking, violation of rules of decorum and dress, and purposeless confrontation with authority.

Marihuana use has recently been added to the list of infractions and offers several advantages for adolescents and young adults. Most important, it provides a shared group experience which offers the shy, lonely, socially awkward neophyte a means of entrance to the group, complete with its own ceremonial initiation. Repetition of the behavior serves to increase closeness and commitment to the group. Usually the experience is pleasurable and the individual is able to control his level of intoxication. This delinquency is viewed as relatively harmless to oneself and others, although its symbolic impact on parents and authority is often greater than that of other common infractions.

Therefore, a subtle process of acquiring attitudes favorable to drug use, of having friends and acquaintances who define the marihuana experience in acceptable and pleasurable terms, and of having a social belief system which prepares one to accept the conversion process to begin with, are all powerful complementary factors which direct a young person toward marihuana use. At this point, the use of marihuana provides further opportunities for acquiring new marihuana-using friends and entering the social milieu of marihuana users.

The Dynamics of Persistent Use

The cultural and social factors sketched above, in combination with the individual's somatic and psychic characteristics, determine the pattern of his drug behavior once he has chosen to experiment with it. The majority of individuals who reach this point progress no further and often discontinue marihuana use. The most common explanation for discontinuing use is loss of interest; the effect lost its novelty and became boring. Other less common reasons are fear of legal hazards, social pressure and concerns over physical and mental drug effects. Among the infrequently noted reasons are: interference with other activities; replacement by alcohol; unavailability; cost; unpleasant experiences; fear of moral transgression; or progression to other forms of non-drug interests such as yoga, transcendental meditation, agrarian communes, esoteric religion and restrictive diets.

For those who continue use, psychosocial factors are important determinants of the use patterns. Many marihuana users are strongly committed to traditional society in which they desire to rise socially. They have chosen to participate fully in the traditional adult-oriented activities and the formal achievement-reward system. Their peer groups consist primarily of similarly oriented individuals. The infrequent use of marihuana by these persons is a social activity for fun and satisfies curiosity.

Those individuals who continue to use marihuana more frequently appear to be different types of people and oriented toward a different part of the social system. Most of them maintain stable career orientations and continue to function within the broader society. But they feel more burdened by the traditional system of social controls and more removed from contemporary society's institutions. These individuals tend to turn away from more traditional adult-oriented reward systems and intensify their peer-group orientation. Their interests and activities emphasize an informal "in-crowd," out-of-school or work orientation. The meaning of marihuana use by this peer group emphasizes the ideological character of usage. In contrast to the infrequent type of user, these individuals seem to build their self-identity around the marihuana-using peer group.

BECOMING A MULTIDRUG USER

The more one smokes marihuana, the more involved his interpersonal relationships are likely to become with his peers who share the experience with him. As he spends more time with this group, he begins to sever his contacts with conventional individuals and conventional routines. He may eventually view himself as a drug user and be willing to experiment with other drugs which are approved by his peer group. Only a small portion of the marihuana users who reach this stage are likely to become persistent, frequent users of these other drugs. The majority appear to experiment only.

Epidemiological Studies

The Commission's studies have confirmed the association between marihuana usage and the consumption of other drugs for curiosity and pleasure. This association holds for all drugs, including over-the-counter and prescription pain relievers, tension relievers, sleeping pills, and stimulants as well as hashish, methamphetamines, cocaine, LSD and mescaline, and heroin. The National Survey showed that current marihuana users are about twice as likely to have used any illicit drugs than are those who have ceased using marihuana (Table 3).

Table 3.—ILLICIT DRUG USE BY ADULTS

Substance	Never used marihuana	Have used but no longer use marihuana (percent)	Currently using marihuana (percent)
Hashish	Less than 0.5 percent	28	63
LSD or mescaline	Less than 0.5 percent	11	28
Methamphetamine	Less than 0.5 percent	10	23
Cocaine	Less than 0.5 percent	4	10
Heroin	Less than 0.5 percent	1	4

The Commission additionally has contracted a study of 105 selected middle class, young, working adults from California who are marihuana smokers. Of this sample, 11% were daily marihuana users and 47% used it several times a week; 33% used it several times a month; 6% used it once to several times a year; and 3% had used it but were not currently using marihuana. The study indicates that while most of the subjects were frequent marihuana users, the incidence of other drug use was relatively low (Table 4).

Table 4.—FREQUENCY OF OTHER DRUG USE BY MARIHUANA USERS

Substance	Percent who never used marihuana	Percent who use— Once to several times a year	Several times a month	Several times a week	Daily
Hashish	42	31	21	5	0
LSD	96	4	0	0	0
Mescaline	79	19	0	0	2
Psilocybin	96	4	0	0	0
STP, DMT	100	0	0	0	0
Heroin	98	2	0	0	0
Codeine	87	11	0	0	2
Amphetamines	89	7	0	4	0
Barbiturates	86	10	4	0	0
Cocaine	75	19	2	4	0
Glue	100	0	0	0	0

With the exception of marihuana and hashish, no drug was used by more than 25% of this population and this use was almost exclusively experimental. Interestingly, the more exotic drugs mescaline and cocaine were more frequently used (21% and 25% of this sample respectively) than the common dangerous drugs: LSD (4%), heroin (2%), codeine (11%), barbiturates (14%), and amphetamines (11%).

Among high school students, marihuana is normally the first illicit drug used, although several recent studies have suggested that a significant number of students initiate illicit use with other drugs. Of the marihuana users, a majority have used no other illicit drug, and they tend to be experimental or intermittent users of marihuana.

The more frequently the adolescent uses marihuana, the more likely he is to experiment with other drugs. For example, in one recent study of San Diego high school students of predominantly white middle socioeconomic background, 80% of the students who used marihuana weekly or more often had used other drugs, and 50% of this group had used LSD. In contrast, 33% of the less than weekly users had used other drugs.

Profiles and Dynamics

The personality profile of the heavy marihuana user discussed earlier includes elements propelling him toward heavy involvement in the multiple-drug-using subculture. Heavy drug use by these individuals may reflect and aggravate a total alienation and disaffiliation from American society and its institutions. This group hopes to find in drug use more than simple fun or relief from boredom. The heavy use of drugs represents a shift into the drug subculture and an adoption of a totally new life style. Some observers feel that this shift provides a new identity which allows the individual to counteract his apathy and search for meaning in a society he views as unloving, lonely and meaningless. He seeks to become involved with what he describes as the exciting, relevant, "real" experience of life. Additionally, he believes drug use provides new feelings and awareness needed to overcome barriers between himself, others and the natural world.

The drug culture as a community also helps to meet the needs of the individual. It provides a ready supply of drugs, unites common experiences and secrets that enhance the drug experience, and protects the individual against undesired experiences and against "the outside world." Most important, the culture instills self-confidence by reassuring the individual that he has been wise in choosing this new identity.

Frequently, these are individuals who express feelings of loneliness, isolation and over-protection from their home and family. One frequent pattern involves an intimate, dominating mother and a distant, unemotional father. In some cases, the drug-use ritual and the sense of community closeness offered by the drug subculture appear to satisfy certain personal needs. Additionally, joining the subculture provides a release from sheltered life, a test of competence, an opportunity to participate and a chance to express anger. When the anger is turned inward instead of directed at society and family, drug use becomes a form of passive self-destructiveness.

Sociocultural Factors

After the individual views himself as a drug user and has become immersed in the drug-using subculture, the drugs he chooses to experiment with and his pattern of use are determined primarily by non-drug factors well beyond the simple properties of the psychoactive chemical. These factors are predominantly socioeconomic and sociocultural, although psychic and somatic factors also play a role in determining who will continue and how intensively.

The availability of a distribution system which stocks the other drugs is essential. Most often, contact with this distribution system is increased by having friends or acquaintances who use or sell other drugs. However, much of the marihuana selling takes place at the customer level between friends, and involves little profit and relatively small quantities of the drug. The marihuana user who *only buys* has little contact with the professional multidrug dealing system. However, the *user-buyer-seller* of marihuana is more involved with the multidrug system, uses more himself and has more friends who use and sell other drugs. This factor of being a seller rather than only a buyer-user is influential in determining the degree of an individual's involvement with and commitment to the use of other drugs.

Marihuana use does not itself determine which drugs the heavily involved user will choose to use. Generally, the selection of other drugs is influenced by the social group. For example, blacks and whites have roughly equal rates of trying and using marihuana, but their choice of other drugs and the styles of drug use are quite different and distinctive, due to their frequently different sociocultural backgrounds. Additionally, one recent study of white high school and college students revealed different patterns of further drug use among males and females. Men and women used marihuana in equal numbers, but the men who used other drugs tended to use hallucinogens while the women tended to use amphetamines.

An extensive survey of drug use among 3,500 liberal arts undergraduates attending 14 campuses in the New York area demonstrated the racial character of drug use among this population (Table 5).

Table 5.—RACIAL CHARACTER OF DRUG USE

Percentage tried drugs	Heroin	Cocaine	Methamphetamine	Amphetamine	Hallucinogens
Blacks..............	9	16	5	9	13
Whites..............	4	7	11	19	21

According to recent studies, heroin usage is not common among white marihuana users. Heroin is most strongly linked to marihuana use in black and Spanish-speaking ghettos where many feel they have little chance of personal advancement and self-fulfillment. In such communities, a segment of the population constructs new illegitimate but accessible avenues for social coping. For some this involves the hustle (non-violent stealing) and the excitement of obtaining and using heroin and cocaine. They regard marihuana as a "cool" drug and use it for its social and calming effects.

In contrast, studies have demonstrated that the psychedelics are more often used by the white, middle to upper middle class, college-educated populations. The typical use of these drugs in high school, college and working populations is episodic and experimental, and is usually discontinued rather rapidly in contrast with marihuana use, which for many persons is of long duration. In many instances, psychedelic drug use begins almost simultaneously with marihuana.

For a few, drug use becomes an ideologic focus, reflecting disillusionment with society and rejection of the "establishment." These and other motives, including mere pleasure-seeking, lead to continued use of LSD and other hallucinogens. Marihuana is viewed as a dilute LSD and is often used to enhance or prolong the effects of that drug. Sometimes it is encountered after first LSD use.

Methamphetamine, or "speed," use is more characteristic of those lower socioeconomic white youth who are not school or work-oriented. Living for the moment is the characteristic attitude of the speed scene. The speed user views marihuana as he does alcohol and uses it for fun or for its calming effects.

For these three groups of illicit drug users, marihuana use has different meanings and is secondary in importance to the use of the other drugs. Whether or not marihuana leads to other drug use depends on the individual, on the social and cultural setting in which the drug use takes place, and on the nature of the drug market. Its use, however, is neither inevitable nor necessary.

The Effects of Marihuana on the User

The previous section has attempted to paint a broad picture of the marihuana user. This section will deal with the drug and its effects on these individuals.

The meaning of *drug* often varies with the context in which it is used. The physician would define a drug as any substance used as a medicine in the treatment of physical or mental disease. Today, due to the influence of many factors, the layman may focus on the negative connotations of drugs, such as the stupefying, poisoning, habit-forming misuse of the opiate drugs. The considerably wider and more scientific definition of a drug which will be used in this section is: any chemical substance which has an action on living tissues.

> *A psychoactive drug is any substance capable of modifying mental performance and individual behavior by inducing functional or pathological changes in the central nervous system.*

As defined, psychoactive drugs exert their major effect on the state of the mind including emotions, feelings, sensibility, consciousness and thinking. The definition implies neither positive nor negative meanings. Chemical substances are not inherently good or bad. All substances, including medicines and foods, which man has chosen to consume have certain desired effects (whether therapeutically beneficial or pleasurable) and undesired effects (whether detrimental or unpleasant). For example, eating food is certainly a necessary and pleasurable activity. However, obesity plays an important role in many diseases, including diabetes, high blood pressure and heart attacks, and tends to limit physical activities.

The classification of any drug effect as either beneficial or harmful often greatly depends on the values the classifier places on the expected effects. This is especially relevant with respect to the psychoactive drugs such as tranquilizers, stimulants, coffee, cigarettes, alcohol, marihuana and other licit or illicit drugs. For all of these drugs, the weights of benefit and harm are difficult to determine when viewed merely in terms of their stated effects.

BOTANY AND CHEMISTRY

Marihuana refers to a preparation derived from a plant, *cannabis sativa L.* The preparation contains varying quantities of the flowers and their resinous secretions, leaves, small stems and seeds. These plant parts contain many chemical substances. The chemical substance which produces the major drug effects is tetrahydrocannabinol (THC). According to current information, the amount of THC present determines the potency of the preparation. Hereinafter, any reference to drug content or drug effect of marihuana will, for all practical purposes, mean that of tetrahydrocannabinol.

The drug content of the plant parts is variable, generally decreasing in the following sequence: resin, flowers, leaves. Practically no drug is found in the stems, roots or seeds. The potency and resulting drug effect of marihuana fluctuates, depending on the relative proportions of these plant parts in the marihuana mixture.

Most marihuana available in this country comes from Mexico and has a THC content of less than 1%. Marihuana of American origin often contains less than twotenths of 1% THC. Marihuana originating in Jamaica and Southeast Asia often has a 2% to 4% THC content.

Marihuana is the least potent preparation of the plant. Jamaican ganja, containing primarily the flower tops and the small leaves or bracts, has a THC content of about 4% to 8% depending on the mixture. Indian ganja is less potent. The most potent preparation is hashish (charas) which is composed of only the drug-rich resinous secretions of the flowers. Generally, the THC content of hashish is 5% to 12%.

FACTORS INFLUENCING DRUG EFFECT

A number of variable factors exert an important influence on the psychopharmacologic effects of marihuana in man, as is true for all drugs. Failure to take these factors into consideration probably accounts for a large part of the inconsistency and controversy surrounding the description of the drug effect.

Dosage

The dosage or quantity of the drug (tetrahydrocannabinol) consumed is the most important variable. As with most drugs, the larger the dose taken, the greater the physical and mental effect will be and the longer the effect will last. The effect of a high dose of marihuana on an individual would be quite different from the effect of a low, usual "social" dose.

Method of Use

The method of use has a bearing upon the drug effect. The method is directly related to both dosage and time lapse before the drug effect is felt. Injection directly into a vein delivers the total dose immediately, producing a rapid, maximal response of minimal duration. Smoking and inhalation cause rapid but less efficient delivery of the dose; a variable quantity of the drug is destroyed during burning or escapes into the air and does not reach the lungs. Oral ingestion produces different effects, according to the system in which the drug is dispersed. Generally, oral ingestion diminishes the drug effect, but prolongs it.

Metabolism

Another factor which influences the effect of the drug is metabolism. During the metabolic process, the body cells, principally in the liver and lungs, chemically alter drug substances, changing their activity and providing for their elimination from the body. Increasing evidence indicates that marihuana is first changed by the body in a way that activates or enhances the drug effect and is subsequently altered in a way that inactivates the drug prior to its removal from the body.

The rate and direction of these metabolic steps can significantly influence the effect of marihuana. For instance, individuals with extensive exposure to marihuana or other drugs metabolize more rapidly, and perhaps differently, from those individuals with no drug exposure.

Set and Setting

An important variable in discussing the effect of marihuana on the user is the social and emotional environment; that is, the individual's "set" and "setting."

"Set" refers to a combination of factors that create the "internal environment" of the individual, including personality, life style, and philosophy, past drug experiences, personal expectations of drug effect and mood at the time of the drug experience.

"Setting" refers to the external environment and social context in which the individual takes the drug. These factors are most influential when drugs are taken at low dosages and, like marihuana, produce minimal physical and subtle subjective mental effects. The effect of marihuana generally will be quite different for an intermittent social adult smoker from that of a youth deeply involved in the youthful drug subculture. These factors partially account for the belief of a marihuana user that he is experiencing a "high" in certain experiments even when he is given a non-marihuana substance (placebo) but is told it is marihuana.

Tolerance

Another important factor that determines the immediate effect of any drug is tolerance. Tolerance has two different connotations. The first, initial tolerance, is a measure of the amount of a drug which a subject must receive on first exposure to produce a designated degree of effect. A variety of innate and environmental factors contributes to initial tolerance among individuals. Different individuals require varying amounts of the drug to attain the same physical and mental effect.

The second connotation, which shall be referred to when we use the word tolerance, is that of an acquired change in tolerance. That is, within the same individual, as a result of repeated exposure to the drug, the same dose of the drug may produce a diminishing effect so that an increased amount of the drug is required to produce the same specified degree of effect.

Tolerance develops at differential rates to given effects of the same drug. If tolerance has developed to one specific effect, it has not necessarily developed to other specific effects.

By definition, the development of tolerance is neither beneficial nor detrimental. If tolerance develops rapidly to the desired mental effect of a "high" but slowly to the behavioral or physical effects, rapid increase in dose would be necessary in order to have the desired effect, and progressive behavioral and physical disruption would be seen. This is the pattern for amphetamines.

However, if tolerance develops slowly or not at all to the desired mental effects but more rapidly to the behaviorally or physically disruptive effects, no dosage increase or only a slight one would be necessary and the unpleasant and undesired effects would progressively diminish.

With regard to marihuana, present indications are that tolerance does develop to the behaviorally and physically disruptive effects, in both animals and man, especially at high frequent doses for prolonged time periods. Studies in foreign countries indicate that very heavy prolonged use of very large quantities of hashish leads to the development of tolerance to the mental effects, requiring an increase in intake to reach the original level of satisfaction. However, for the intermittent use pattern and even the moderate use pattern, little evidence exists to indicate the development of tolerance to the desired "high," although the high may persist for a shorter time period. During the Boston free-access study, no change was apparent in the level of the high produced by a relatively large dose of the drug over a 21-day period of moderate to heavy smoking.

The fact that some individuals smoke more of the drug than others may merely reflect a desire for a different level of "high." There is a tendency to develop a tolerance to the physical effects and behaviorally disruptive effects, especially the depressant effects, in heavy daily users. The development of such behavioral tolerance of this nature may explain the fact that experienced marihuana smokers describe a lower occurrence rate of undesirable drug effects. The development of tolerance may also explain why these smokers exhibit normal behavior and competent performance of ordinary tasks, while not appearing intoxicated to others even though they are at their usual level of intoxication.

Reverse Tolerance

Repeated exposure to marihuana has been said to cause an individual to need lesser amounts of the drug to achieve the same degree of intoxication. This "reverse tolerance" may be related to one's learning to get high or to the recognition of the subtle intoxication at low doses. Or perhaps, such tolerance reflects an increase in the body's ability to change the drug to an active chemical. To date, the existence of "reverse tolerance" has not been substantiated in an experimental setting.

Duration of Use

Tolerance development is only one of a variety of occurrences which possibly are related to repetitive use of marihuana. Any discussion of drug effect must also take into account the time period over which the drug use occurs. Immediate effects of a single drug experience must be contrasted with effects of short-term use and the effects of long-term use in order to detect any cumulative effects or more subtle, gradually occurring changes.

This issue of an individual's change over a period of years is quite complex; a multitude of factors other than marihuana use may affect his life. As previously defined, *short term* refers to periods of less than two years, *long term* to periods of two to 10 years, and *very long term* to periods greater than 10 years. Most of the American experience involves short-term and long-term use, with low doses of weak preparations of the drug.

Patterns of Use

The drug effect of marihuana can be realistically discussed only within the context of who the user is, how long he has used marihuana, how much and how frequently he uses it, and the social setting of his use.

In general, for virtually any drug, the heavier the pattern of use, the greater the risk of either direct or indirect damage. For purposes of this discussion, the patterns of use developed in the first section of this chapter will be utilized. Because frequency of use is presently the primary determinant of use patterns in this country, we employ similar designations:

(1) The *experimenter* who uses marihuana at most a few times over a short term and then generally ceases to use it, or uses once a month or less;
(2) The *intermittent user* who uses marihuana infrequently, that is more than once monthly but less than several times a week;
(3) The *moderate user* who uses it from several times a week to once daily, generally over a long term;
(4) The *heavy user* who uses it several times a day over a long term and;
(5) The *very heavy user* who is constantly intoxicated with high tetrahydrocannabinol content preparations, usually hashish, over a very long term.

Again, these classifications are not intended to be rigid but are designed to facilitate a discussion of the many usage patterns.

Definition of Dependence

Before describing the effect of marihuana on the user, two additional definitions are required. They concern the concept of *dependence* which has so clouded public and professional consideration of psychoactive drugs. Throughout the remainder of this report, we refer separately to psychological and physical dependence, defined as follows:

> *Psychological dependence* is the repeated use of psychoactive drugs leading to a conditional pattern of drug-seeking behavior. The intensity of dependence varies with the nature of the drug, the method, frequency, and duration of administration, the mental and physical attributes of the individual, and the characteristics of the physical and social environment. Its intensity is at its peak when drug-seeking becomes a compulsive and undeviating pattern of behavior.
>
> *Physical dependence* is the state of latent hyper-excitability which develops in the central nervous system of higher mammals following frequent and prolonged administration of the morphine-like analgesics, alcohol, barbiturates, and other depressants. Such dependence is not manifest subjectively or objectively during drug administration. Specific symptoms and signs, the abstinence syndrome, occur upon abrupt termination of drug administration; or with morphine-like agonists by administering the specific antagonists.

EFFECTS RELATED TO PATTERN USE

Set out on the facing page is a brief summary of effects of marihuana related to frequency and duration of use. The remainder of the Chapter discusses the effects of immediate, short-term, long-term and very long term use of the drug.

Experimenters and intermittent users.........	Little or no psychological dependence. Influence on behavior related largely to conditioning to drug use and its social value to the user. No organ injury demonstrable.
Moderate users.........	Moderate psychological dependence increasing with duration of use. Behavioral effects minimal in stable personalities, greater in those with emotional instability. Probably little if any organ injury. Duration of use increases probability of escalation of all effects including shift from moderate to heavy use.
Heavy users	American "pot head." Strong psychological dependence. Detectable behavior changes. Possible organ injury (chronic diminution of pulmonary function). Effects more easily demonstrable with long-term use.
Very heavy users.......	Users in countries where the use of cannabis has been indigenous for centuries. Very strong psychological dependence to point of compulsive drug seeking and use. Clear-cut behavioral changes. Greater incidence of associated organ injury.

IMMEDIATE DRUG EFFECTS

The immediate effects are those which occur during the drug intoxication or shortly following it. The user is aware of some of these effects, for they often cause him to use the drug. At the same time, many changes may occur in his body which can be measured by others but are not obvious to him.

Subjective Effects

A description of an individual's feelings and state of consciousness as affected by low doses of marihuana is difficult; the condition is not similar to usual waking states and is the result of a highly individual experience. Perhaps the closest analogies are the experience of day dreaming or the moments just prior to falling asleep. The effect is not constant and a cyclical waxing and waning of the intensity of the intoxication occurs periodically.

At low, usual "social" doses, the intoxicated individual may experience an increased sense of well-being; initial restlessness and hilarity followed by a dreamy, carefree state of relaxation; alteration of sensory perceptions including expansion of space and time; and a more vivid sense of touch, sight, smell, taste and sound; a feeling of hunger, especially a craving for sweets; and subtle changes in thought formation and expression. To an unknowing observer an individual in this state of consciousness would not appear noticeably different from his normal state.

At higher, moderate doses, these same reactions are intensified but the changes in the individual would still be scarcely noticeable to an observer. The individual may experience rapidly changing emotions, changing sensory imagery, dulling of attention, more altered thought formation and expression such as fragmented thought, flight of ideas, impaired immediate memory, disturbed associations, altered sense of self-identity and, to some, a perceived feeling of enhanced insight.

At very high doses, psychotomimetic phenomena may be experienced. These include distortions of body image, loss of personal identity, sensory and mental illusions, fantasies and hallucinations.

Nearly all persons who continue to use marihuana describe these usual effects in largely pleasurable terms. However, others might call some of these same effects unpleasant or undesirable.

As discussed earlier, a wide range of extra-drug factors also influences marihuana's effects. The more the individual uses marihuana and the longer he has been using it, the more likely the experiences will be predominantly pleasurable, and the less likely the effects will be unpleasant. An increasing sensitization to those effects viewed as pleasant occurs as the user has more experience with the drug.

Persons subject to unpleasant reactions may eliminate themselves from the using group although the occasional experience of an unpleasant effect does not always discourage use.

Body Function

A large amount of research has been performed in man and animals regarding the immediate effect of marihuana on bodily processes. No conclusive evidence exists of any physical damage, disturbances of bodily processes or proven human fatalities attributable solely to even very high doses of marihuana. Recently, animal studies demonstrated a relatively large margin of safety between the psychoactive dose and the physical and behavioral toxic and lethal dose. Such studies seemed to indicate that safe human study could be undertaken over a wide dose range.

Low to moderate doses of the drug produce minimal measurable transient changes in body functions. Generally, pulse rate increases, recumbent blood pressure increases slightly, and upright blood pressure decreases. The eyes redden, tear secretion is decreased, the pupils become slightly smaller, the fluid pressure within the eye lessens and one study reports that the eyeball rapidly oscillates (nystagmus).

A minimal decrement in maximum muscle strength, the presence of a fine hand tremor, and a decrease in hand and body steadiness have also been noted. Decreased sensitivity to pain and overestimation of elapsed time may occur.

The effects of marihuana on brain waves are still unclear and inconsistent. Generally, the intoxication produces minimal, transient changes of rapid onset and short duration. Sleep time appears to increase as does dreaming.

Investigation of the effects of marihuana on a wide variety of other bodily function indices has revealed few consistently observed changes.

These few consistently observed transient effects on bodily function seem to suggest that marihuana is a rather unexciting compound of negligible immediate toxicity at the doses usually consumed in this country. The substance is predominantly a psychoactive drug. The feelings and state of consciousness described by the intoxicated seem to be far more interesting than the objective state noted by an observer.

Mental Function

Marihuana, like other psychoactive substances, predominantly affects mental processes and responses (cognitive tasks) and thus the motor responses directed by mental processes (psychomoter tasks). Generally, the degree of impairment of cognitive and psychomotor performance is dose-related, with minimal effect at low doses. The impairment varies during the period of intoxication, with the maximal effect at the peak intoxication. Performance of simple or familiar tasks is at most minimally impaired, while poor performance is demonstrated on complex, unfamiliar tasks. Experienced marihuana users commonly demonstrate significantly less decrement in performance than drug-naive individuals.

The greater his past marihuana experience, the better the intoxicated individual is able to compenate for drug effect on ordinary performance at usual doses. Furthermore, marked individual variation in performance is noted when all else is held constant. The effect of marihuana on cognitive and psychomotor performance is therefore highly individualized and not easily predictable. Effects on emotional reactions and on volition are equally variable and are difficult to measure under laboratory conditions, but can be significant.

The Intoxicated State

Studies of intoxicated persons have suggested possible explanations for the subtle effects on mental processes produced by marihuana. Generally, a temporary episodic impairment of short-term memory occurs. These memory voids may be filled with thoughts and perceptions extraneous to organized mental processes. Past and future may become obscured as the individual focuses on filling the present momentary memory relapse. His sense of self-identity may seem altered if he cannot place himself in his usual time frame.

This altered state of mind may be regarded by the individual as pleasant or unpleasant. The important factors of dosage and set and setting play a most important role in this determination. When the nature of the drug-taking situation and the characteristics of the individual are optimal, the user is apt to describe his experience as one of relaxation, sensitivity, friendliness, carefreeness, thoughtfulness, happiness, peacefulness and fun. For most marihuana users who continue to use the drug, the experience is overwhelmingly pleasurable.

Unpleasant Reactions

However, when these circumstances are not optimal, the experience may be unpleasant and an undesirable reaction to the marihuana intoxication occurs. In these instances, anxiety, depression, fatigue or cognitive loss are experienced as a generalized feeling of ill-being and discomfort. A heavy sluggish feeling, mentally and physically, is common in inexperienced marihuana smokers who overshoot the desired high or in persons who might orally ingest too large a dose. Dizziness, nausea, incoordination and palpitations often accompany the "too stoned" feeling.

Anxiety States

"Novice anxiety reactions" or feelings of panic account for a majority of unpleasant reactions to marihuana. When the distortion of self-image and time is recognized by the individual as drug-induced and temporary, the experience is viewed as pleasurable. Anxiety and panic result when these changes cause the individual to fear that the loss of his identity and self-control may not end, and that he is dying or "losing his mind." These anxiety and panic reactions are transient and usually disappear over a few hours as the drug's effects wear off, or more quickly with gentle friendly reassurance.

The large majority of these anxiety reactions occur in individuals who are experimenting with marihuana. Most often these individuals have an intense underlying anxiety surrounding marihuana use, such as fears of arrest, disruption of family and occupational relations, and possible bodily or mental harm. Often they are older and have relatively rigid personalities with less desire for new and different experiences.

The incidence of these anxiety reactions may have decreased as marihuana use has become acceptable to wider populations, as the fears of its effects have lessened and as users have developed experience in management of these reactions.

Psychosis

Rare cases of full-blown psychotic episodes have been precipitated by marihuana. Generally, the individuals had previous mental disorders or had poorly developed personalities and were marginally adjusted to their life situation. Often the episode occurred at times of excessive stress. These episodes are characteristically temporary. Psychotherapy and sometimes medications are useful in prompt control and treatment of this psychological reaction. In addition, rare nonspecific toxic psychoses have occurred after extremely high doses. This state of nonspecific drug intoxication or acute brain syndrome is self-limited and clears spontaneously as the drug is eliminated from the body.

Conclusions

In summary, the immediate effect of marihuana on normal mental processes is a subtle alternation in state of consciousness probably related to a change in short-term memory, mood, emotion and volition. This effect on the mind produces a varying influence on cognitive and psychomotor task performance which is highly individualized, as well as related to dosage, time, complexity of the task and experience of the user. The effect on personal, social and vocational functions is difficult to predict. In most instances, the marihuana intoxication is pleasurable. In rare cases, the experience may lead to unpleasant anxiety and panic, and in a predisposed few, to psychosis.

SHORT-TERM EFFECTS

The effect of an enormous daily oral dose of the drug (up to about one hundred thousand times the minimal behaviorally effective human dose) was recently studied in rats and monkeys for three months. A severe, generalized nervous system depression was evident the first few days. Evidence of cumulative toxicity was observed at these doses. Severe central nervous system depression produced fatalities in some rats in the first few days until tolerance developed. Later, extreme hyperactivity developed.

The monkeys experienced severe central nervous system depression and one group showed mild hyperactivity, but all rapidly returned to normal behavior after the development of tolerance to these effects. Minimal dose-related toxic effects on bodily organs were noted at autopsy at the conclusion of the experiment. These non-specific findings of unknown meaning included hypocellularity of the bone marrow and spleen and hypertrophy of the adrenal cortex.

A 28-day study employing intravenous administration of from one to ten thousand times the minimal effective human dose to monkeys produced similar findings clinically. In the high dose groups delayed deaths from acuate hemorrhagic pneumonia were possibly caused by accumulation of clumps of THC in the lung producing irritation similar to that seen at the injection sites. No other organ pathology was noted. These animal studies illustrated that the margin of safety between active dose and toxic dose was enormous.

A few studies have recently been carried out to observe the effect of a few weeks of daily marihuana smoking in man. The amount smoked was a relatively large American dose. Frequency of use was once to several times daily.

During the 21-day Boston free-access study, no harmful effects were observed on general bodily functions, motor functions, mental functions, personal or social behavior or work performance. Total sleep time and periods of sleep were increased. Weight gain was uniformly noted.

No evidence of physical dependence or signs of withdrawal were noted. In the heaviest smokers, moderate psychological dependence was suggested by an increased negative mood after cessation of smoking.

Tolerance appeared to develop to the immediate effects of the drug on general bodily functions (pulse rate) and psychomotor-cognitive performance (time estimation, short-term memory, and shooting-gallery skill) but not to the "high." Marihuana intoxication did not significantly inhibit the ability of the subjects to improve with practice through time on these psychological-motor tasks.

Neither immediate nor short-term (21-day) high-dose marihuana intoxication decreased motivation to engage in a variety of social and goal-directed behaviors. No consistent alteration that could be related to marihuana smoking over this period of time was observed in work performance of a simple task, participation in aspects of the research study, or interest and participation in a variety of personal activities, such as writing, reading, interest and knowledge of current world events, or participation in athletic or aesthetic activities.

Marihuana smoking appeared to affect patterns of social interactions. Although use of the drug was found to be a group social activity around which conversation and other types of social behavior were centered, it was not uncommon for some or all of the smokers to withdraw from the social interaction and concentrate on the subjective drug experience.

During the first part of the smoking period, both intermittent and daily users demonstrated a marked decrement in total interaction. Total interaction continued to diminish among intermittent users but increased above presmoking levels among the daily users during the later parts of the smoking period. The quality of the interaction was more convivial and less task-oriented when marihuana was available to the group.

Additionally, an assessment of the effect of marihuana on risk-taking behavior revealed that daily users tended to become more conservative when engaging in decision-making under conditions of risk.

LONG-TERM EFFECTS

Our knowledge about marihuana is incomplete, but certain behavior characteristics appear to be emerging in regard to long-term American marihuana use which, for the most part, is significantly less than 10 years. These impressions were confirmed in the Boston free-access study. The group of American young adults studied averaged five years (range 2–17 years) of intermittent or daily use of marihuana.

No significant physical, biochemical or mental abnormalities could be attributed solely to their marihuana smoking. Some abnormality of pulmonary function was demonstrated in many of the subjects which could not be correlated with quantity, frequency or duration of smoking marihuana and/or tobacco cigarettes. (One other investigation recently completed uncovered no abnormalities in lung or heart functioning of a group of non-cigarette smoking heavy marihuana users.) Many of the subjects were in fair to poor physical condition, as judged by exercise tolerance.

The performance of one-fifth of the subjects on a battery of tests sensitive to brain function was poorer on at least one index than would have been predicted on the basis of their IQ scores and education. But a definite relationship between the poor test scores and prior marihuana or hallucinogen use could not be proven.

In the past few years, observers have noted various social, psychological and behavioral changes among young high school and college-age Americans including many who have used marihuana heavily for a number of years. These changes are reflected by a loss of volitional goal direction. These individuals drop out and relinquish traditional adult roles and values. They become present rather than future oriented, appear alienated from broadly accepted social and occupational activity, and experience reduced concern for personal hygiene and nutrition.

Several psychiatrists believe they have detected clinically that some heavy marihuana-using individuals appear to undergo subtle changes in personality and modes of thinking, with a resulting change in life style. In adopting this new life style, a troubled youth may turn toward a subculture where drug use and untraditional behavior are acceptable.

This youthful population resembles in many respects the marihuana smoker described in the Boston study. No evidence exists to date to demonstrate that marihuana use alone caused these behavioral changes either directly or indirectly. Many individuals reach the same point without prior marihuana use or only intermittent or moderate use; and many more individuals use marihuana as heavily but do not evidence these changes. For some of these young people, the drop out state is only a temporary phase, preceding a personal reorganization and return to a more conventional life style.

If heavy, long-term marihuana use is linked to the formation of this complex of social, psychological and behavioral changes in young people, then it is only one of many contributing factors.

VERY LONG TERM EFFECTS OF HEAVY AND VERY HEAVY USE

Knowledge of the effects of very heavy, very long term use of marihuana by man is still incomplete. The Commission has extensively reviewed the world literature as well as ongoing studies in Jamaica and Greece, and carefully observed very heavy, very long term using populations in countries in other parts of the world, such as Afghanistan and India. These populations smoke and often drink much stronger drug preparations, hashish and ganja, than are commonly used in America. From these investigations, some observable consequences are becoming much clearer.

Tolerance and Dependence

Some tolerance does occur with prolonged heavy usage; large drug doses are necessary for the desired effects.

Abrupt withdrawal does not lead to a specific or reproducible abstinance syndrome and physical dependence has not been demonstrated in man or in animals. The very heavy users studied did evidence strong psychological dependence, but were able to cease use for short periods of time. In these users, withdrawal does induce symptoms characteristic of psychological dependence. The anxiety, restlessness, insomnia, and other non-specific symptoms of withdrawal are very similar in kind and intensity to those experienced by compulsive cigarette smokers.

Although the distress of withdrawal exerts a very strong psychogenic drive to continue use, fear of withdrawal is, in most cases, not adequate to inspire immediate criminal acts to obtain the drug.

General Body Function

In the Jamaican study, no significant physical or mental abnormalities could be attributed to marihuana use, according to an evaluation of medical history, complete physical examination, chest x-ray, electrocardiogram, blood cell and chemistry tests, lung, liver or kidney function tests, selected hormone evaluation, brain waves, psychiatric evaluation and psychological testing. There was no evidence to indicate that the drug as commonly used was responsible for producing birth defects in offspring of users. This aspect is also being studied further.

Heavy smoking, no matter if the substance was tobacco or ganja, was shown to contribute to pulmonary functions lower than those found among persons who smoked neither substance. All the ganja smokers studied also smoked tobacco. In Jamaica, ganja is always smoked in a mixture with tobacco; and many of the subjects were heavy cigarette smokers, as well.

In a study of a Greek hashish-using population preliminary findings revealed poor dentition, enlarged livers and chronic bronchitis. Further study is required to clarify the relationship of these to hashish use, alcohol or tobacco use, or general life style of this user population.

Social Functioning

Similarly, the Jamaican and Greek subjects did not evidence any deterioration of mental or social functioning which could be attributed solely to heavy very long term cannabis use.

These individuals appear to have used the drug without noticeable behavioral or mental deviation from their lower socioeconomic group norms, as detected by observation in their communities and by extensive sociological interviews, psychological tests and psychiatric examination.

Overall life style was not different from non-users in their lower socioeconomic community. They were alert and realistic, with average intelligence based on their education. Most functioned normally in their communities with stable families, homes, jobs and friends. These individuals seem to have survived heavy long-term cannabis use without major physical or behavioral defects.

Mental Functioning

The incidence of psychiatric hospitalizations for acute psychoses and of use of drugs other than alcohol is not significantly higher than among the non-using population. The existence of a specific long-lasting, cannabis-related psychosis is poorly defined. If heavy cannabis use produces a specific psychosis, it must be quite rare or else exceedingly difficult to distinguish from other acute or chronic psychoses.

Recent studies suggest that the occurrence of any form of psychosis in heavy cannabis users is no higher than in the general population. Although such use is often quite prevalent in hospitalized mental patients, the drug could only be considered a causal factor in a few cases. Most of these were short-term reactions or toxic overdoses. In addition, a concurrent use of alcohol often played a role in the episode causing hospitalization.

These findings are somewhat surprising in view of the widespread belief that cannabis attracts the mentally unstable, vulnerable individual. Experience in the United States has not involved a level of heavy marihuana use comparable to these foreign countries. Consequently, such long-lasting psychic disturbances possibly caused by heavy cannabis use have not been observed in this country.

Motivation and Behavioral Change

Another controversial form of social-mental deterioration allegedly related to very long term very heavy cannabis use is the "amotivational syndrome." It supposedly affects the very heavy using population and is described worldwide as a loss of interest in virtually all activities other than cannabis use, with resultant lethargy, amorality, instability and social and personal deterioration. The reasons for the occurrence of this syndrome are varied and hypothetical; drug use is only one of many components in the socioeconomic and psychocultural backgrounds of the individuals.

Intensive studies of the Greek and Jamaican populations of heavy long-term cannabis users appear to dispute the sole causality of cannabis in this syndrome. The heavy ganja and hashish using individuals were from lower socioeconomic groups, and possessed average intelligence but had little education and small chance of vocational advancement. Most were married and maintained families and households. They were all employed, most often as laborers or small businessmen, at a level which corresponded with their education and opportunity.

In general, their life styles were dictated by socioeconomic factors and did not appear to deteriorate as a result of cannabis use. The Jamaicans were working strenuously and regularly at generally uninteresting jobs. In their culture, cannabis serves as a work adjunct. The users believe the drug provides energy for laborious work and helps them to endure their routine tasks.

In contrast, others have described Asian and African populations where heavy to very heavy hashish or charas smoking for a very long time is associated with clear-cut behavioral changes. In these societies, the smokers are mostly jobless, illiterate persons of the lowest socioeconomic backgrounds. They generally begin to use the drug in their early teens and continue its use up to their 60's.

The users prefer to smoke in groups of two to 20, generally in a quiet place out of the reach of non-smokers.

Weakness, malnutrition and sexual difficulties, usually impotence, are common. Some of them report sleep disturbances.

Most users who have used the drug for 20 to 30 years are lazy and less practical in most of their daily acts and reluctant to make decisions. However, their ability to perform non-complicated tasks is as good as non-smokers.

Although the smokers think they become faster in their daily work, a general slowness in all their activities is noticed by others. This user population is typically uncreative. They make little if any significant contribution to the social, medical or economic improvement of their community.

SUMMARY

Once existing marihuana policy was cast into the realm of public debate, partisans on both sides of the issue oversimplified the question of the effects of use of the drug on the individual. Proponents of the prohibitory legal system contended that marihuana was a dangerous drug, while opponents insisted that it was a harmless drug or was less harmful than alcohol or tobacco.

Any psychoactive drug is potentially harmful to the individual, depending on the intensity, frequency and duration of use. Marihuana is no exception. Because the particular hazards of use differ for different drugs, it makes no sense to compare the harmfulness of different drugs. One may compare, insofar as the individual is concerned, only the harmfulness of specific *effects*. Is heroin less harmful than alcohol because, unlike alcohol, it directly causes no physical injury? Or is heroin more harmful than alcohol because at normal doses its use is more incapacitating in a behavioral sense?

Assessment of the relative dangers of particular drugs is meaningful only in a wider context which weighs the possible benefits of the drugs, the comparative scope of their use, and their relative impact on society at large. We consider these questions in the next Chapter, particularly in connection with the impact on public health.

Looking only at the effects on the individual, there is little proven danger of physical or psychological harm from the experimental or intermittent use of the natural preparations of cannabis, including the resinous mixtures commonly used in this country. The risk of harm lies instead in the heavy, long-term use of the drug, particularly of the most potent preparations.

The experimenter and the intermittent users develop little or no psychological dependence on the drug. No organ injury is demonstrable.

Some moderate users evidence a degree of psychological dependence which increases in intensity with prolonged duration of use. Behavioral effects are lesser in stable personalities but greater in those with emotional instability. Prolonged duration of use does increase the probability of some behavioral and organic consequences including the possible shift to a heavy use pattern.

The heavy user shows strong psychological dependence on marihuana and often hashish. Organ injury, especially diminution of pulmonary function, is possible. Specific behavioral changes are detectable. All of these effects are more apparent with long-term and very long term heavy use than with short-term heavy use.

The very heavy users, found in countries where the use of cannabis has been indigenous for centuries, have a compulsive psychological dependence on the drug, most commonly used in the form of hashish. Clear-cut behavioral changes and a greater incidence of associated biological injury occur as duration of use increases. At present, the Commission is unaware of any similar pattern in this country.

III. SOCIAL IMPACT OF MARIHUANA USE

Implicit in existing social and legal policy toward marihuana is the view that society suffers in some way from use of the drug. When the widespread practice of marihuana smoking appeared in the United States in the early decades of the 20th century, the medical, law enforcement, newspaper and legislative communities immediately indicted the drug. They assumed that the drug posed serious dangers to individual health; but more importantly, they viewed it as a menace to the public order. Crime, insanity and idleness were thought to be the inevitable consequences of its use.

That some of these original fears were unfounded and that others were exaggerated have been clear for many years. Yet, many of these early beliefs continue to affect contemporary public attitudes and concerns. Consequently, one of the Commission's most important tasks is to evaluate carefully all data relevant to the social impact of marihuana use. We must determine whether and in what respects social concern is justified. What is myth and what is reality?

The literature pertaining to the presumed effects and consequences of marihuana use still reveals a wide diversity of opinion about social impact. Careful scrutiny is inhibited by the prevalence of hearsay, rhetoric and undocumented assertions about the effects and consequences of marihuana use. Nonetheless, evidence is mounting and a number of significant trends have recently emerged. In the previous Chapter we explored the evidence regarding the nature and scope of contemporary marihuana use, and the effects of the drug on the individual user. Now we must consider the impact on society of behavior resulting from use of marihuana.

In dealing with the behavioral consequences of marihuana use, the Commission has made a concerted effort to review and evaluate the enormous body of existing popular and scientific literature, and has itself initiated new empirical research, including national surveys, retrospective studies and controlled laboratory experiments.

Awareness of the difficulties involved in investigating an inherently complex social phenomenon and applying its research findings to policy decisions has fostered particular sensitivity to the quality of previous and Commission-sponsored research. As such, considerable attention was given to such basic research questions as:

- What behavioral effects are most relevant in assessing the consequences of marihuana use?
- What measures produce the most valid data concerning given effects?
- What reliance should be placed on various research techniques, such as self-reporting, controlled experiments, clinical observations and statistical relationships?
- What generalizations can be made from particular populations studied?
- What are the limits of given data in terms of inference, interpretation and attribution of cause?

With respect to the Commission's own research program, the process of selection and allocation of resources was indeed difficult, and some areas of inquiry have undoubtedly been either neglected or short-changed. Nonetheless, we believe that the studies undertaken and information gathered will add significantly to our understanding of the conditions and circumstances under which marihuana use is likely to affect adversely the public safety, public health and welfare, and dominant social order.

Marihuana and Public Safety

The belief that marihuana is causally linked to crime and other antisocial conduct first assumed prominence during the 1930's as the result of a concerted effort by governmental agencies and the press to alert the American populace to the dangers of marihuana use. Newspapers all over the country began to publish lurid accounts of "marihuana atrocities." In the absence of adequate understanding of the effects of the drug, these largely unsubstantiated stories profoundly influenced public opinion and gave birth to the stereotype of the marihuana user as physically aggressive, lacking in self-control, irresponsible, mentally ill and, perhaps most alarming, criminally inclined and dangerous. The combination of the purported effects of the drug itself plus the belief that it was used by unstable individuals seemed to constitute a significant danger to public safety.

Now, more than 30 years later, many observers are skeptical about the existence of a cause-effect relationship between marihuana use and antisocial conduct.

MARIHUANA AND CRIME

Over the years, there have been several hypotheses about the relationship between marihuana and antisocial conduct. The earliest view was that marihuana *causes* or leads to the commission of aggressive and violent criminal acts such as murder, rape and assault. These acts are committed, it has been argued, because marihuana allegedly produces a relaxation of ordinary inhibitions, a weakening of impulse control and a concomitant increase in aggressive tendencies while the user is under its influence.

Marihuana's alleged criminogenic role is not always limited to violent or aggressive behavior. Some commentators also postulate that marihuana leads to or causes nonviolent forms of criminal or delinquent conduct, ranging from sexual promiscuity to grand larceny. Underlying this second causal hypothesis are the assumptions that marihuana frequently impairs judgment, distorts reality and diminishes, at least temporarily, the user's sense of personal and social responsibility. Regular or heavy use over an extended period of time is felt to interfere, perhaps irreversibly, with the orderly development of psychosocial and moral maturity.

As indicated above, however, a growing uncertainty prevails about the existence of a causal link between marihuana use and antisocial conduct. In fact, recent surveys, including several sponsored by the Commission, suggest that large segments of the professional public, particularly the law enforcement and criminal justice communities, are no longer willing to assert a cause-effect relationship but observe, instead, the existence of a statistical association.

The Issue of Cause and Effect

The controversy over the cause-effect relationship between marihuana use and criminal, violent or delinquent behavior poses a number of serious problems for the investigator. Proponents and opponents of the causal view tend to rely on different kinds of evidence and to call upon different types of experts, thereby differing substantially in the kinds of information they accept as relevant, reliable or valid.

Practitioners, such as police and probation officers for example, frequently cite case examples in which apprehended offenders are found to be in possession of marihuana at the time of arrest. The mere presence of the drug or the fact that an offender is a known user of marihuana is sometimes deemed sufficient to establish a causal link between the marihuana and the offense.*

* In the widely publicized Licata case of the 1930's, for example, a 16-year-old cannabis user was charged with the ax murder of his family and the offense was directly attributed to the effects of marihuana. There was, however, no precise information available regarding the use of marihuana in relation to the crime. Nor, in the various accounts of the case, was there generally any reference to

Empiricists, on the other hand, would deny that the simple presence of the drug constitutes a satisfactory demonstration of a causal relationship between marihuana use and the crime in question. They would defer, instead, to the results of empirical studies designed explicitly to test the assertion. Essentially, they emphasize that even if some offenders do use marihuana, an equal or larger number of offenders do not, and there are certainly large numbers of marihuana users in the population-at-large who never engage in the kinds of antisocial conduct deemed to be related to or caused by the use of the drug.

Proving any positive and direct relationship, be it causal or otherwise, between two inherently complex social phenomena is fraught with enormous difficulties. The relationship of marihuana use to crime, violence, aggression or juvenile delinquency presents no exception. Before examining the evidence with respect to the existence of a causal correction, certain basic considerations deserve at least brief mention here.

To prove the existence of a positive and direct relationship, one would be required to demonstrate that the alleged offender was, indeed, a marihuana user; that he was under the influence of the drug at the time he committed the offense; and that the crime was directly attributable to the effects of the marihuana. The kinds of evidence necessary to establish these facts are not easy to obtain.

First, evidence of the use of marihuana by the accused is generally dependent upon either direct admission of use, hearsay evidence, or inferences derived from knowledge of possession (that is, the offender was found to have marihuana on his person or in his possession at the time of arrest).

Second, because no chemical tests presently exist outside the laboratory to identify the presence of marihuana in the body of the accused, it is difficult if not impossible to prove that the offender was definitely under the influence of marihuana when he committed the offense.

Third, in order to prove that the marihuana represented *the* significant contributory or precipitating variable, all

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the fact that several of the boy's relatives had previously been committed to mental institutions; that the police had, about one year prior to the offense (and presumably before the youth's alleged use of marihuana), attempted to commit him for his bizarre behavior; or that shortly after the crime, the boy began to exhibit the symptoms of paranoid schizophrenia.

other factors possibly related to the offense would have to be examined and excluded.

The problems of validation are further compounded by additional variations in behavior attributable to: (a) the pharmacological potency of the drug; (b) possible adulteration of the marihuana; (c) the interaction of marihuana with other drugs simultaneously ingested; (d) differing individual response to similar dosage levels; (e) the time-action function; (f) the cumulative effect of marihuana use; and (g) various social, psychological and situational variables such as set and setting, individual expectations, personal predispositions or preexisting impulse disorders.

Despite the inherent complexities of the issue and the difficulties in securing reliable and valid evidence, a relatively large body of research is now available pertaining to the criminogenic effects of marihuana upon the individual and the nature and extent to which the drug constitutes a danger to public safety. In the following section, we present the available evidence and assess the strength and direction of the alleged relationships between marihuana use and violent or aggressive behavior and also non-violent forms of criminal and delinquent behavior.

Marihuana and Violent Crime

As indicated earlier, the belief that marihuana causes or leads to the commission of violent or aggressive acts first emerged during the 1930's and became deeply embedded in the public mind. Until recently, however, these beliefs were generally based on the anecdotal case examples of law enforcement authorities, a few clinical observations and several quasi-experimental studies of selected populations comprised of military offenders, convicted or institutionalized criminals or delinquents and small groups of college students. Few efforts were made to compare the incidence of violent or aggressive behavior in representative samples of both user and non-user populations.

Even in these early observations and investigations, however, no substantial evidence existed of a causal connection between the use of marihuana and the commission of violent or aggressive acts. Indeed, if any relationship was indicated, it was not a positive and direct causal connection but an inverse or negative statistical correlation.

Rather than inducing violent or aggressive behavior through its purported effects of lowering inhibitions, weakening impulse control and heightening aggressive tendencies, marihuana was usually found to inhibit the expression of aggressive impulses by pacifying the user, interfering with muscular coordination, reducing psychomotor activities and generally producing states of drowsiness, lethargy, timidity and passivity.

In fact, only a small proportion of the marihuana users among any group of criminals or delinquents known to the authorities and appearing in study samples had ever been arrested or convicted for such violent crimes as murder, forcible rape, aggravated assault or armed robbery. When these marihuana-using offenders were compared with offenders who did not use marihuana, the former were generally found to have committed less aggresive behavior than the latter.

In an effort to accumulate data on the relationship between marihuana use and aggressive or violent criminal behavior, the Commission sponsored several studies designed to assess the purported causal relationship.

First, the Commission wanted to tap the unique experience of the law enforcement and criminal justice communities. Representative samples of prosecuting attorneys, judges, probation officers and court clinicians were asked their opinions about the relationship between marihuana use and the commission of aggressive or violent criminal acts. When asked to evaluate the statement that "most aggressive acts or crimes of violence committed by persons who are known users of marihuana occur when the offender is under the influence of marihuana," three-quarters of the judges, probation officers and clinicians indicated either that the statement was probably untrue or that they were unsure of its accuracy. Of these three groups, a greater proportion of clinicians (76.5%) thought the statement false than did the probation officers (60%) and judges (44.2%).

In a separate mail survey of the chief prosecuting attorneys in the 50 states—the group which has often supported the causal hypothesis—52% of the respondents stated that they either did not believe or were uncertain of the truth of the proposition that use of marihuana leads to aggressive behavior.

We have already noted that only a small fraction of the offender populations in past studies were found to have been arrested for crimes of violence. Similarly, in a Commission-sponsored study of 1,776 16-to-21-year-olds arrested in five New York counties for marihuana law violations between 1965 and 1969, only a small percentage had either previously or subsequently come to the attention of authorities for such offenses as assault or robbery. In fact, less than 1% of the offenders in this sample had been arrested for these offenses prior to their first marihuana arrest, and less than 3% were known to the Federal Bureau of Investigation for these offenses subsequent to their marihuana violation.

Perhaps more important than professional opinion or the incidence of violent offenses in an offender population, however, is the determination of the extent to which marihuana use is related to violent or aggressive behavior in the general population.

In a Commission-sponsored survey, face-to-face interviews were conducted with a representative sample of 559 West Philadelphia residents in order to ascertain the extent of marihuana use in this heterogeneous population and the relative involvement of marihuana users and non-users in violent criminal behavior. In corroboration of the earlier findings, the researchers found no significant differences in the proportions of users and non-users who stated that they had committed any of the aggressive or violent crimes enumerated.

Further, no findings indicated that marihuana was generally or frequently used immediately prior to the commission of offenses in the very small number of instances in which these offenses did occur. In contrast, however, the aggressive and violent offenders in this sample did report with significantly greater frequency the use of alcohol within 24 hours of the offense in question.

These findings should be considered in light of an earlier West Coast study of disadvantaged minority-group youthful marihuana users, many of whom were raised in a combative and aggressive social milieu similar to that found in several of the West Philadelphia sampled neighborhoods. The data show that marihuana users were much less likely to commit aggressive or violent acts than were those who preferred amphetamines or alcohol. They also show that most marihuana users were able to condition themselves to avoid aggressive behavior even in the face of provocation. In fact, marihuana was found to play a signicant role in youth's transition from a "rowdy" to a "cool" non-violent style.

The Commission is aware of the claim that a few emotionally unstable or impulsive individuals have become particularly aggressive or impulsive under the influence of marihuana. As we have noted, some newspaper accounts have attributed sensational homicides or sexual assaults to marihuana-induced transitory psychotic states on the part of the user. No evidence exists, however, to indicate that marihuana was responsible for generating or creating excessive aggressiveness or impulsivity in individuals having no prior history of impulse or personality disorder. The most that can be said is that in these rare instances, marihuana may have aggravated a preexisting condition.

In sum, the weight of the evidence is that marihuana does not cause violent or aggressive behavior; if anything, marihuana generally serves to inhibit the expression of such behavior. Marihuana-induced relaxation of inhibitions is not ordinarily accompanied by an exaggeration of aggressive tendencies.

No evidence exists that marihuana use will cause or lead to the commission of violent or aggressive behavior by the large majority of psychologically and socially mature individuals in the general population.

Marihuana and Non-Violent Crime

A second hypothesis reflecting the statements of significant numbers of government officials is that marihuana plays a major role in the commission of other, essentially non-violent, forms of criminal and delinquent behavior.

In general, those espousing this more general cause-effect relationship assume that the drug frequently produces, in addition to the lowering of inhibitions, impairment of judgment, distortion of reality and at least temporary reduction of a sense of personal and social responsibility. Indeed, the earlier stereotype of the marihuana user was that of an immoral, physically debilitated, psychologically unstable and criminally marginal man whose state of severely and irreversibly underdeveloped psychosocial and moral maturity was said to derive directly from his continued use of marihuana.

As indicated earlier, neither the inherent complexities of the issue nor the previously inconclusive empirical evidence has deterred the formulation and expression of strong opinions about the relationship of marihuana use to crime and delinquency. Opinion in this area, quite apart from the empirical evidence, has long assumed critical importance in the development of social policy.

The Commission has addressed the issue in three different ways. One was to assess the state of current public and professional opinion relative to the general proposition that marihuana causes or leads to the commission of criminal or delinquent acts. A second approach was to review the professional literature addressed to the issue, and a third was to initiate empirical investigations of our own.

The opinion surveys found that substantial numbers of persons raised serious questions about the existence of a causal relationship between marihuana use and criminal or delinquent behavior. Confusion and uncertainty about the existence of such a relationship have been expressed by both youth and adults, including practicing professionals in the criminal justice system.

Recent data suggest that some of this confusion may be the result of a fairly widespread misconception about the addiction potential of marihuana. To the extent that persons believe marihuana users are physically dependent on the drug, they may assume that, like the heroin user, the marihuana user commits his offenses in order to support what is perceived as a drug habit; and that, like the heroin model, offenses are committed more often in the desperate attempts to obtain the drug rather than under its influence following use. There is no evidence that this is the case, even for those who use the drug heavily.

In the Commission-sponsored National Survey, the respondents were asked whether they agreed or disagreed with the statement that "many crimes are committed by persons who are under the influence of marihuana." Fifty-six percent of the adult population and 41% of the youth indicated agreement. As in the Survey generally, there was a significant difference of opinion according to age in the adult population. While 69% of the over-50 age group agreed with this statement, only about one-third of the 18-to-25 age group and the 14-to-17-year-olds agreed. One of every four youth respondents and 18% of the adults said they were "not sure" of the existence of such a relationship between marihuana use and crime.

Much greater consensus exists, even between generations, regarding the association of alcohol and crime. While 56% of all adults expressed their belief that many crimes are committed by persons under the influence of marihuana, 69% of these same adults believed that alcohol was related in the same way. Only 7% felt unsure about the alcohol-crime relationship, in contrast to 18% who expressed uncertainty about the relationship between crime and marihuana.

The Commission also surveyed opinion within the criminal justice community. A sample of 781 judges, probation officers and court clinicians replied to a questionnaire which asked respondents to indicate whether or not their professional experience led them to believe that "use of marihuana causes or leads to antisocial behavior in the sense that it leads one to commit other criminal or delinquent acts." Of all respondents, 27% believed this to be the case. Within each professional group, 34% of the judges, 18% of the probation officers and 2% of the clinicians indicated their agreement.

On the assumption that some proportion, however small, of marihuana users might ultimately be arrested for non-drug offenses, these officials were also asked to assess the relative truth of the statement that "most non-drug offenses committed by persons who are known users of marihuana or are found to have marihuana on their person or in their possession occur when the offender is under the influence of marihuana." Seventy-one percent of the responding judges, 75% of the probation officers and 85% of the court clinicians either thought the statement false or were unsure of its accuracy.

Respondents likewise rejected, however, the proposition that these crimes perpetrated by marihuana users occur when the offender is attempting to obtain the drug rather than while under its influence; 65.6% of the judges, 64.6% of the probation officers and 78.3% of the court clinicians either denied or were unsure of the truth of this proposition.

In short, marihuana is not generally viewed by participants in the criminal justice community as a major contributing influence in the commission of delinquent or criminal acts.

This increasing professional skepticism is buttressed by the weight of research findings. A comprehensive review of the literature revealed that in the various offender populations studied for this purpose, only a small percentage were marihuana users. In only a handful of cases did researchers report that criminal conduct followed the use of marihuana. Generally, the rate of self-reported, non-drug crime did not significantly differ between users and non-users.

Both of the Commission-sponsored studies (the New York and Philadelphia studies referred to earlier) corroborated this research consensus. In the Philadelphia study, for example, less than 10% of the sample were known to the police, and there were no significant differences among marihuana users and non-users in the sample who reported the commission of major criminal acts when statistical controls were applied. Further, most of the first offenses committed by users occupied prior to their use of marihuana, and only in rare instances did the offenses immediately follow (within 24 hours) upon the use of marihuana (five cases out of 741 first offenses and 19 cases out of 516 most recent offenses).

Likewise, the New York study revealed that about one-fifth of the marihuana law violators arrested between 1965 and 1969 were found to have previous arrest records. Of those with previous arrests, the great majority of offenses (86%) involved traffic violations and minor violations of the vagrancy statutes. In but 10% of the cases the previous arrests were for assault, robbery, burglary or larceny.

In essence, neither informed current professional opinion nor empirical research, ranging from the 1930's to the present, has produced systematic evidence to support the thesis that marihuana use, by itself, either invariably or generally leads to or causes crime, including acts of violence, juvenile delinquency or aggressive behavior. Instead the evidence suggests that sociolegal and cultural variables account for the apparent statistical correlation between marihuana use and crime or delinquency.

A Sociocultural Explanation

The persistent belief that some relationship exists between marihuana use and crime is not without statistical support. Undoubtedly, the marihuana user of the 1920's and 1930's was overrepresented in the nation's jails and penitentiaries and in the general crime and delinquency statistics. Especially during the late 1920's and early 1930's when the nation was preoccupied with lawlessness, the translation of this statistical correlation into a causal hypothesis is not surprising.

The increasing incidence of use in the mid-sixties by white, affluent, middle class, high school youth, college students and adults has occasioned a reevaluation of the marihuana user and a reexamination of the crime issue. The overwhelming majority of the new marihuana offenders have had no previous arrests, and come from the normally low risk, middle and upper socioeconomic population groups.

Recent public opinion surveys suggest that considerable social disapproval is attached to the "hippie" life style, unconventional mode of dress and apparent disregard for the law displayed by many of these individuals. Nonetheless, fewer persons are now willing to classify as criminal those marihuana users whose only contact with the law has been as a result of their marihuana use. Perceptions have undergone a change as a result of the increased usage of marihuana among youth of the dominant social class. Nonetheless, a statistical association remains.

First, the majority of both marihuana users and offenders other than actual marihuana law violators fall into the 14-to-25-year age group. Second, the majority of those arrested for marihuana law violations as well as other delinquent or criminal acts were, and to a much lesser degree, still are, drawn from the same "high risk" populations, such as minority groups, socially and economically disadvantaged, young, male, inner-city residents.

Third, various offender populations subjected to study often included a number of marihuana users, although it was not the marihuana violations *per se* but other, more serious criminal conduct that originally brought most of them to the attention of the authorities. Finally, during the past five years, marihuana law violators have increasingly swelled the crime and delinquency statistics; in most cases, their only contact with the law has been for these marihuana specific offenses.

The Philadelphia study corroborated this continuing statistical association. The simple relationship between using marihuana and committing offenses was positive and statistically significant, and there was also a high correlation between frequency of smoking marihuana and committing offenses. These direct associations were reduced to insignificance, however, upon further analysis of the data, and other explanations for the coincidence of marihuana use and crime became evident. These included: race, education, age, the use of other drugs and having drug-using friends.

We conclude that some users commit crimes more frequently than non-users not because they use marihuana but because they happen to be the kinds of people who would be expected to have a higher crime rate, wholly apart from the use of marihuana. In most cases, the differences in crime rate between users and non-users are dependent not on marihuana use *per se* but on these other factors.

In summary, although the available evidence suggests that marihuana use may be statistically correlated with the incidence of crime and delinquency, when examined in isolation from the other variables, no valid evidence was found to support the thesis that marihuana, by itself, either inevitably, generally or even frequently causes or precipitates the commission of crime, including acts of violence, or juvenile delinquency.

Within this framework, neither the marihuana user nor the drug itself can be said to constitute a danger to public safety. For, as two researchers have so cogently stated for the Commission, "Whatever an individual is, in all of his cultural, social and psychological complexity, is not going to vanish in a puff of marihuana smoke."

MARIHUANA AND DRIVING

Within the context of public safety another issue which merits attention is the extent to which drivers under the influence of marihuana consitute a hazard on the nation's streets and highways. Although in recent years increasing attention has been given to this issue, at present little empirical evidence exists to inform discussion.

To assess the actual and potential impact of marihuana on traffic safety, a number of basic research questions must be answered.

- the extent to which marihuana users actually drive while under the influence of the drug
- the extent to which marihuana users driving while

"high" commit traffic violations and are involved in traffic accidents
- the amounts of marihuana consumed immediately prior to the commission of traffic violations or the involvement in traffic accidents and the drug's role in these events
- the nature and extent to which marihuana actually impairs psychomotor skills, judgment and driving performance

To date, the generalizations made concerning the effects of marihuana on driving behavior have generally been based on statistical studies of traffic violations and accidents and inferences drawn from more general studies of the physiological and psychological consequences of marihuana use, such as changes in pulse rate, reaction time, neuromuscular coordination, time estimation and spatial perceptions.

Such studies pose serious limitations in the nature, reliability and validity of the data. The basic problems derive from difficulties in identifying and attributing cause. A major obstacle in such retrospective analysis is the inability to separate the effects of marihuana from those possibly engendered by the use of other drugs, such as alcohol, tranquilizers and amphetamines. Finally, conclusive analysis is impossible until a reliable technique is developed for measuring the level of marihuana present in the body of the driver at the time of his violation or accident.

Prospective experimental studies of actual reactions to road conditions and traffic emergency situations would undoubtedly provide the most reliable and valid data, but such studies would themselves endanger the public and have not been undertaken. Researchers have relied, therefore, on controlled laboratory simulator studies and direct interviews with those who have admitted to driving while under the influence of marihuana.

With respect to the simulator studies, the available evidence suggests that while, in some cases, marihuana has produced interference with certain motor or mental abilities which affect driving behavior, these effects were generally believed to be readily overcome by the exercise of extreme caution by the driver and a significant reduction in speed.

The few driving simulator tests completed to date have generally revealed no significant correlations between marihuana use and driving disabilities. Comparison of the simulator scores of users and non-users, however, did reveal small but non-significant differences in the number of speedometer errors made.

These simulator studies also examined the comparative effects of alcohol and marihuana on driving scores. The findings of one study, though controversial, suggested that intoxication resulting from low doses of marihuana was less detrimental to driving performance than was the presence of alcohol at the legally prohibited blood level of .10%.

The methodological limitations of the study raise serious questions about the reliability and validity of the findings. As one critic has noted, "It does not follow automatically that lack of effect of a drug on the simulated task will correlate with lack of effect on the actual task." Further, the use of dissimilar doses of alcohol and marihuana has led another critic to assert that "finding that a heavy dose of alcohol caused more impairment than a mild dose of marihuana is neither surprising nor helpful in assessing the relative effects of the two drugs in the relative doses in which they are normally used."

Recent research has not yet proven that marihuana use significantly impairs driving ability or performance. The Commission believes, nonetheless, that driving while under the influence of any psychoactive drug is a serious risk to public safety; the acute effects of marihuana intoxication, spatial and time distortion and slowed reflexes may impair driving performance. That the risk of injury may be greater for alcohol than for marihuana matters little.

Obviously, much more research needs to be undertaken in this area. Hopefully, recent studies sponsored by the National Institute of Mental Health and other agencies will soon provide the concrete information that is needed.

Marihuana, Public Health and Welfare

As the feared threat to public safety through violent crime has diminished in recent years, policy-makers and the public have begun increasingly to view marihuana and other illicit drug use as a public health concern. The National Survey indicates that American adults regard drug abuse as the third most pressing problem of the day, closely following the economy and Vietnam. However, public attitudes reflect considerable confusion about the facts concerning marihuana and drugs in general.

This confusion has resulted from too little understanding of the motives for drug use as well as inadequate knowledge of the classification of drugs according to their main effects. Legal penalties have frequently mirrored this confusion, and the resulting inconsistencies cause many young people to lose confidence in adult authority. Even in the medical profession, much uncertainty is evident, and for most of the general public there is no clear authority to whom they can turn for guidance.

A PUBLIC HEALTH APPROACH

The Commission broadly defines public health concerns as all health problems which affect people *en masse* and are thereby difficult to treat on a traditional physician-to-patient basis. This category would include social and economic dependence and incapacity. A health problem which spreads to other susceptible members of the society cannot be controlled by the individual physician. This view coincides with the concept of preventive medicine, recognizing that all public health problems must be dealt with on both an individual and societal level.

To illustrate, the increasing incidence of deaths due to lung cancer subsequent to chronic, heavy tobacco usage is a major public health concern. In this instance, prevention of smoking and ascertaining the cause of the malignancies, rather than the individual treatment of each case by a physician, define the public health dimension. A major concern exists because the population at risk is large and growing, and the risk of harm is great.

In addition to the risk of large numbers of the populace being affected, the issue of contagion must also be examined. Unlike infectious diseases such as influenza and smallpox, where the person affected "catches" the ailment unintentionally, those individuals who use marihuana choose to come into contact with it. The contagion model is relevant only insofar as social pressure from proselytizing friends and social contacts play a role in spreading the use of the drug. This dimension exists with marihuana, as well as alcohol and tobacco.

After assessing the potential harm to the individual and society, the size of the population at risk and the contagion aspect, society must determine the nature of the control mechanism used to deal with the problem, and how much of its health resources, manpower and facilities will be allocated to meet the perceived threat to the public health. Therefore, an analysis of the relative risk of marihuana use must be undertaken. We must examine not only the effects of the drug on the individual but also determine which groups are at risk and why.

Practically all substances consumed by man are potentially dangerous to the physical or mental health of the individual if used irresponsibly or by particularly sensitive persons. Certain substances are sufficiently complex in their effects that societal control is necessary to reduce risk, for example, fluorides added to the water supply, prescription drugs, and food additives. The degree of concern and control varies, depending on relative public health dangers.

The Population at Risk

Before the dangers can be assessed, the population at risk must be defined. Viewing the public health picture on a large scale, the United States in 1972 may still be considered fortunate with regard to marihuana usage. While it is the third most popular recreational drug, behind alcohol and tobacco, it has not been institutionalized and commercialized.

Most of the Americans who have used marihuana have been merely experimenting with it. As noted in Chapter I, there are 24 million Americans who have tried marihuana at one time or another, with 8.3 million still using it. Of those who have quit, most say they have simply lost interest in it. The same Survey shows that experience with marihuana peaks in the 18-to-25-year-old group and falls off sharply thereafter. A fact of some significance is that at least 71% of all adults (18-years and older) and 80%

of youth (12-to-17-years) have never used marihuana at all.*

The survey also indicates that the majority of those youth and adults who continue to use marihuana do so intermittently, that is, between one and 10 times a month. These individuals are classified as intermittent marihuana smokers who use the drug for its socializing effects. They are, for the most part, ordinary Americans who are either in school or are employed.

About 2% of those who have ever used marihuana, or 500,000 people, now use the drug heavily. They use the drug several times a day. These individuals use marihuana for its personal drug effects in addition to its socializing effects. Generally, their life styles, values, attitudes, behaviors and activities are unconventional. Marihuana plays an important role in their lives. Because the risk of psychological, and perhaps physical, harm from marihuana increases with the frequency, quantity and duration of its use, these heavy marihuana users constitute the greatest at-risk population in the United States today.

The heavy marihuana user presents the greatest potential concern to the public health. It is the Commission's opinion that these heavy marihuana users constitute a source of contagion within American society. They actively proselytize others into a drug-oriented way of life. The effectiveness of peer group pressure has been described earlier in Chapter II.

We anticipate that this at-risk population would increase in number should a policy of institutionalized availability be adopted toward marihuana. Although marihuana is readily available illicitly in the United States today, a policy permitting its legal distribution could be expected to bring about an increase in users, with some percentage of them becoming heavy users. It is the availability of the drug, coupled with a governmental policy of approval or

* In the self-administered instrument, several separate questions were utilized to elicit the respondent's experience with marihuana. This technique permitted an analysis of consistency of responses, and also minimized the possibility of non-response. Nevertheless, 14% of the adults and 6% of the youth did not respond to enough of these questions to ascertain whether they had ever tried marihuana or not.

Percentage who—	*Adult*	*Youth*
Ever used	15	14
Never used	71	80
No response	14	6

neutrality, that could escalate this group into a public health and welfare concern. While this is speculative, it is a concern which cannot be dismissed. The experience with the rise in the use of tobacco and alcohol makes clear the probable consequences of commercial exploitation.

Another concern of the Commission is the experience of other countries which have large heavy user populations. While the pattern of behavior in one country is not automatically similar to a pattern of behavior in another country, the existence of heavy user populations constitutes a serious public health concern which must be avoided in this country. The availability of the drug alone does not seem to determine increased usage; supply and governmental inaction appear to tip the balance toward increased use. The proportion of our population susceptible to this pattern of use is conjectural but good preventive public health requires limiting the number to an irreducible minimum.

Confusion and Fact

One of the primary sources of confusion surrounding the use of marihuana and other psychoactive drugs is the ambiguity of the term "drug abuse." In many quarters the excessive use of any drug is considered drug abuse, regardless of the effect of the drug on the individual or his behavior. In order to clarify this issue the Commission defines psychoactive drug abuse as follows:

> *Drug abuse is the use of psychoactive drugs in a way likely to induce mental dysfunction and disordered behavior.*

It should be emphasized that demonstrable pathology of organ systems, including the brain, is not a necessary characteristic of psychoactive drug abuse. There are numerous non-psychoactive drugs which can induce extensive organ pathology but do not modify behavior; such drugs leave their imprint primarily on the individual, not on society. The Commission believes that many of the perplexing issues relating to psychoactive drugs, including marihuana, can be clarified if *drug abuse* refers *only* to the impact of drug-induced behavior on society.

Three types of such drug-induced behavior are considered unacceptable in most organized societies: (1) aggressiveness leading to violence; (2) loss of psychomotor control; (3) mental or physical disorder leading to social and economic incapacity or dependency.

This is not to say that society is unconcerned about the harmful effects of psychoactive drugs on the individual, or that such effects do not merit the attention of public health officials. Cigarette smoking, although affecting primarily the individual, is surely a matter of public health concern. We believe, however, that the term drug abuse, with its attendant societal disapprobation, should be reserved for drug-taking which has a more direct effect on society through disordered behavior.

Beyond the confusion surrounding the term drug abuse, a rational evaluation of the public health impact of marihuana use is also inhibited by extensive misinformation about the drug. Recently, a great deal of research has increased significantly our knowledge about marihuana. Further research data are necessary before a conclusive statement about marihuana and public health can be made. However, enough is known today to discuss some of the public perceptions in detail. And sufficient data are presently available to allow for rational decision-making.

ASSESSMENT OF PERCEIVED RISKS

The Commission believes that marihuana is perceived by the American public to present the following risks to the public health:

- lethality
- potential for genetic damage or teratogenicity
- immediate adverse physical or mental effects
- long-term physical or mental effects including psychosis and "amotivation" syndrome
- "addiction" potential
- progression to other stronger drugs, especially heroin

Lethality

The Commission's National Survey revealed that 48% of adults believe that some people have died from marihuana use. A careful search of the literature and testimony of the nation's health officials has not revealed a single human fatality in the United States proven to have resulted solely from ingestion of marihuana. Experiments with the drug in monkeys demonstrated that the dose required for overdose death was enormous and for all practical purposes unachievable by humans smoking marihuana. This is in marked contrast to other substances in common use, most notably alcohol and barbiturate sleeping pills.

Of comparative note, 89% of all adults in the same Survey believe that some people have died from using alcohol. This indicates that public opinion regarding alcohol and its potential lethality is more accurate than it is for marihuana. At the same time, factual knowledge regarding the inherent danger in using a substance, for example alcohol, seemingly does not deter many persons from using it irresponsibly.

Potential for Genetic Damage

The thalidomide tragedies of the 1950's have taught us to ponder carefully the possibility of genetic damage subsequent to any drug use. The much publicized controversy regarding LSD and subsequent genetic damage has led investigators to study marihuana and its possible genetic effects. Although a number of studies have been performed, at present no reliable evidence exists indicating that marihuana causes genetic defects in man.

Early findings from studies of chronic (up to 41 years), heavy (several ounces per day) cannabis users in Greece and Jamaica also failed to find such evidence. In all its studies, the Commission found no evidence of chromosome damage or teratogenic or mutagenic effects due to cannabis at doses commonly used by man. However, since fetal damage cannot be ruled out, the use of marihuana like that of many other drugs, is not advisable during pregnancy.

Immediate Effects

The intoxicant effects of marihuana on the mental function of the user does have potential health significance both for the individual and others with whom he may come in contact. Because marihuana is a psychoactive drug, it is important to examine the acute toxic effects which may occur in certain predisposed individuals and which increase with the potency of the preparation.

The Commission has reviewed numerous clinical studies describing acute panic reactions and transient psychotic-like episodes which occur as acute effects of the drug intoxication. In addition, a predisposed individual might experience aggravation of a latent psychotic state or other underlying instability. Although severe abnormal psychological states are rare when compared to the total number of marihuana users, lesser problems are not rare, and they may endanger both the individual and those around him at the time of their occurrence. The individual contemplating use is not capable of predicting whether he is predisposed by his particular circumstances to an undesirable mental reaction. The undesirable consequences occurring while an individual is involved in complex tasks such as driving or operating machinery or tasks requiring fine psychomotor precision and judgment are all too imaginable.

From a public health point of view, the immediate effects of marihuana intoxication on the individual's organs or bodily functions are of little significance. By and large these effects, which have been carefully outlined in Chapter II of the Report, are transient and have little or no permanent effect upon the individual.

Effects of Long-Term, Heavy Use

To determine the long-term chronic effects of heavy marihuana use, the Commission has carefully reviewed the world literature and contemporary studies of heavy, chronic (up to 41 years) cannabis users in the world. In addition, lower socioeconomic populations in Afghanistan, Greece and Jamaica have been examined.

Effects on the Body

These recent studies in Greece and Jamaica report minimal physical abnormalities in the cannabis users as compared with their non-using peers.

Minimal abnormalities in pulmonary function have been observed in some cases of heavy and very heavy smokers of potent marihuana preparations (ganja or hashish). However, one study concluded the cause was smoking in general, no matter what the substance. The other study could not express any conclusion because of the absence of a control population. Such decrements in normal pulmonary capacity may represent early warning signals in the development of chronic lung disease. They must be considered in any program of early prevention of disease and future disability.

No objective evidence of specific pathology of brain tissue has been documented. This fact contrasts sharply with the well-established brain damage of chronic alcoholism.

Effects on the Mind

No outstanding abnormalities in psychological tests, psychiatric interviews or coping patterns have been conclusively documented in studies of cannabis users in other countries of the world. Further research in this important area is necessary before definite conclusions can be drawn relating or linking marihuana to mental dysfunction because available psychological tests do not measure certain higher mental functions very accurately.

Cannabis use has long been known to precipitate short-term psychotic-like episodes in predisposed individuals or those who take excessive doses. Some observers report that the prevalence of short-term psychoses as well as the psychotic episodes of longer duration in heavy cannabis users are compatible with the prevalence rate of psychosis in the general population and, therefore, may not be attributable to cannabis use. In fact, some believe that in populations under stress where marihuana is widely used, occurrence of the acute psychotic-like episodes occur less often than one would expect in such a population. Other researchers have disagreed with these conclusions, and the matter is still controversial.

Effects on Motivation

The Commission is deeply concerned about another group of behavioral effects that have been described in other nations as being associated with the heavy, long-term use of cannabis. This behavioral condition has been termed the "amotivational syndrome." An extreme form has been reported in populations of lower socioeconomic males in several developing nations. These reports describe lethargy, instability, social deterioration, a loss of interest in virtually all activities other than drug use. This state of social and economic disability also results in precipitation and aggravation of psychiatric disorders (overt psychotic behavior) and possible somatic complications among very heavy, very long term users of high potency cannabis products. However, in the populations so far observed in Jamaica, Greece and Afghanistan, physical and psychosocial deterioration was not reported. The life styles of these populations appeared to be conditioned by cultural and socioeconomic factors. Some researchers believe cannabis may serve to keep these individuals stratified at this lower socioeconomic level.

The occurrence of a similar, though less intense, syndrome has been identified recently with heavy marihuana use among young persons in the Western world, including the United States. Some clinicians have described the existence of a complex of subtle social, psychological and behavioral changes related to a loss of volitional goal direction in certain individuals, including some long-term heavy users of marihuana. Such persons appear to orient only to the present. They appear alienated from generally accepted social and occupational activities, and they tend to show a reduced concern for personal hygiene and nutrition.

Some clinicians believe that this picture is directly caused by the action of marihuana. However, other behavioral scientists believe that among impressionable adolescents, marihuana-induced suggestibility may facilitate the rapid adoption of new values and behavior patterns, particularly when the drug is taken in a socially alienated subculture that advocates and strongly reinforces such changes.

Whichever interpretation one accepts, the fact is apparent that the chronic, heavy use of marihuana may jeopardize social and economic adjustments of the adolescent. We believe this is one concern which merits further research and evaluation. On the basis of past studies, the chronic, heavy use of marihuana seems to constitute a high-risk behavior, particularly among predisposed adolescents. This consideration is especially critical when we consider the adolescent who is in the throes of a normally turbulent emotional process. The Commission has reviewed numerous reported studies and heard the testimony of several clinicians dealing with heavy users of marihuana who exhibit this particular behavior pattern. Although the United States does not, at the present time, have a large number of such persons within its population, the incidence is too frequent to ignore. Expanded epidemiologic studies are imperative to obtain a better understanding of this complex behavior.

Addiction Potential

Unfortunately, fact and fancy have become irrationally mixed regarding marihuana's physiological and psychological properties. Marihuana clearly is not in the same chemical category as heroin insofar as its physiologic and psychological effects are concerned. In a word, cannabis does not lead to physical dependence. No torturous withdrawal syndrome follows the sudden cessation of chronic, heavy use of marihuana. Although evidence indicates that heavy, long-term cannabis users may develop psychological dependence, even then the level of psychological dependence is no different from the syndrome of anxiety and restlessness seen when an American stops smoking tobacco cigarettes.

Progression to Other Drugs

As noted in Chapter II, to say marihuana leads to any other drug avoids the real issue and reduces a complex set of variables to an over-simplified premise of cause and effect. If any one statement can characterize why persons in the United States escalate their drug use patterns and become polydrug users, it is peer pressure. Indeed, if any drug is associated with the use of other drugs, including marihuana, it is tobacco, followed closely by alcohol. Study after study which the Commission reviewed invariably reported an association between the use of tobacco, and, to a lesser extent, of alcohol with the use of marihuana and other drugs.

The fact should be emphasized that the overwhelming majority of marihuana users do not progress to other drugs. They either remain with marihuana or foresake its use in favor of alcohol. In addition, the largest number of marihuana users in the United States today are experimenters or intermittent users, and 2% of those who have ever used it are presently heavy users. Only moderate and heavy use of marihuana is significantly associated with persistent use of other drugs.

Some persons in our society are interested in experimenting with a series of drugs, and there is no uniformity regarding which drug these multidrug users take first. In some cases, the drug used is a matter of preference; in others, a matter of availability; and in further instances, a matter of group choice.

Citizens concerned with health issues must consider the possibility of marihuana use leading to use of heroin, other opiates, cocaine or hallucinogens. This so-called stepping-stone theory first received widespread acceptance in 1951 as a result of testimony at Congressional hearings. At that time, studies of various addict populations repeatedly described most heroin users as marihuana users also. The implication of these descriptions was that a causal relationship existed between marihuana and subsequent heroin use. When the voluminous testimony given at these hearings is seriously examined, no verification is found of a causal relationship between marihuana use and subsequent heroin use.

Again, we must avoid polarity on this issue. To assume that marihuana use is unrelated to the use of other drugs would be inaccurate. As mentioned earlier, the heavy or very heavy marihuana users are frequently users of other drugs. The stepping-stone theory holds that the adolescent begins the use of illicit drugs with marihuana, and later proceeds to heroin in the search for greater thrills. The opposing viewpoint holds that the large majority of marihuana users never become heroin addicts and denies the validity of a causal relationship.

In the National Survey, among the adult respondents, 70% thought that marihuana makes people want to try stronger drugs such as heroin; 56% of the youth in the 12-to-17-year-old category agreed with the same statement. These perceptions contrast with another finding in the same Survey which revealed that 4% of current marihuana users have tried heroin. On the other hand, very few respondents perceived alcohol and tobacco to be precipitants of all other drug use.

Studies of the escalation process demonstrate that the rates of progression vary from one group to another and from one segment of the population to another. There is no set proportion of marihuana users who "escalate" to the use of other drugs. The other drugs which some marihuana smokers use vary according to the social characteristics of the population in question. Within some groups, heroin may be the choice; in other groups, it may be LSD.

Marihuana use *per se* does not dictate whether other drugs will be used; nor does it determine the rate of progression, if and when it occurs, or which drugs might be used. As discussed in Chapter II, the user's social group seems to have the strongest influence on whether other drugs will be used; and if so, which drugs will be used.

PREVENTIVE PUBLIC HEALTH CONCERNS

The hallmark of a good health care delivery system is preventing as much illness as possible. This objective is achieved by means of immunizations, regular routine check-ups and educational programs.

Education programs regarding marihuana have been notably ineffective, partly due to an exaggeration of the effects of using the drug and partly because the effects of the opiates and marihuana have been compared inaccurately. As a result, many persons have developed a conscious or unconscious denial of nearly all dangers associated with marihuana use. Some educators believe that drug programs merely sharpen the curiosity of children and tempt them to use drugs which they otherwise would not use.

Others believe that the responsibility should not be lodged with the schools but rather with the home or the community.

Because of the uncertainty about the efficacy of these programs, education programs dealing with drug usage simply do not exist in the school systems of a number of cities; in others, token programs are offered in response to the demand that something be done. Health educators have the responsibility to help this vulnerable group of Americans become aware of all options so that they are able to make enlightened choices.

The educational role of physicians and other clinical health personnel should not be underestimated. The National Survey shows that the public believes young people should receive information concerning marihuana first from schools and second from family physicians. The health professional has a unique position as both teacher and confidant to an individual struggling with a "drug abuse" problem. Honest, sincere and confidential guidance from a physician may prevent later difficulties to both the individual and the society. The Commission believes that action must be taken to inform and support the physician in his role as confidant and counsellor to those seeking assistance.

Considering the current patterns of marihuana use in the United States, the need for treatment and/or rehabilitation does not appear necessary for the vast majority of persons who are experimenting with the drug or using it intermittently. Rather, these persons need to be realistically educated regarding the potential hazards they face. To this end, a comparison of the personal and public health risks of marihuana and those of heroin, cocaine, amphetamines, and other drugs would be useful.

A concern for public health also requires thoughtful consideration of the consequences of any change in public policy. We have objectively appraised the present scope of public health concern, concluding that the most serious risk lies with the population of heavy users, which is, at this time, quite small in this country.

Now, we must soberly consider the likely effect of adoption of a social policy of neutrality or approval toward marihuana use. Any legal policy which institutionalizes availability of the drug carries with it a likely increase in the at-risk population. This factor is not necessarily conclusive in itself, but it does weigh heavily for the policymaker. Even though the proportion of heavy users in the total using population might not increase if such a social or legal policy were adopted, the absolute number of heavy users would probably increase. Thus, we would have an increase in the at-risk segment of the populace. A greater stress would thereby be placed on the general health care delivery system in all the areas of health concern described earlier.

Regardless of emerging social policy, greater emphasis must be placed on educating our youth regarding the prospective dangers inherent in expanded marihuana use. This anticipatory guidance can serve to defuse or at least forestall a potentially serious social phenomenon.

Summary

From what is now known about the effects of marihuana, its use at the present level does not constitute a major threat to public health. However, this statement should not lead to complacency. Marihuana is not an innocuous drug. The clinical findings of impaired psychological function, carefully documented by medical specialists, legitimately arouse concern. These studies identify marihuana-related problems which must be taken into account in the development of public policy. Unfortunately, these marihuana-related problems, which occur only in heavy, long-term users, have been overgeneralized and overdramatized.

Two percent of those Americans who have ever used marihuana are now heavy users and constitute the highest risk group. Strong evidence indicates that certain emotional changes have taken place among predisposed individuals as a result of prolonged, heavy marihuana use. The clinical reports in the literature describing transient phychoses, other psychiatric difficulties, and impairment of cognitive function subsequent to use of marihuana and of other drugs do not prove causality but cannot be ignored.

The causes of these emotional difficulties are much too complex to justify general conclusions by the public or the press. The mass media have frequently promoted such clinical reports to appear as far-reaching events affecting the entire population. The clinician sees only the troubled population of any group. In evaluating a public health concern, the essential element is the proportion of affected persons in the general group. The people responsible for evaluating public health problems must concern themselves with the proportion of people out of the total population who are affected by any specific condition. The highest risk groups should be identified as the source of primary concern. A recognition that a majority of marihuana users are not now a matter of public health concern must be made so that public health officials may concentrate their attention where it will have maximum impact.

The concept of relative risk is crucial to an evaluation of the impact of marihuana on public health. We believe that experimental or intermittent use of this drug carries minimal risk to the public health, and should not be given overzealous attention in terms of a public health response. We are concerned that social influences might cause those who would not otherwise use the drug to be exposed to this minimal risk and the potential escalation of drug-using patterns. For this group, we must deglorify, demythologize, and deemphasize the use of marihuana and other drugs.

The Commission reemphasizes its concern about the small minority of heavy, long-term marihuana users who are exposed to a much greater relative risk of impaired general functioning in contemporary America. Public health officials should concentrate their efforts on this group. Fortunately, the group has to date not grown sufficiently in size to warrant its being considered a major public health concern.

We reiterate, too, the public health implications of an increase in the at-risk population. We suspect that such an increase is most likely if a sudden shift in social policy significantly increased availability of the drug. One of the factors we consider in Chapter V when evaluating the various social policy options and legal implementations is the effect of each policy on incidence and patterns of use. Regardless of how heavy this particular variable will weigh in that process, we must state that a significant increase in the at-risk population could convert what is now a minor public health concern in this country to one of major proportions.

Marihuana and the Dominant Social Order

For more than 30 years it has been widely assumed that the marihuana user constitutes a threat to the well-being of the community and the nation. Originally, the users were considered to be "outsiders" or marginal citizens. Included were such people as hustlers, prostitutes, itinerant workers, merchant seamen, miners and ranchhands, water-front day laborers and drifters, many of whom were drawn from the lower socioeconomic segments of the population.

Concerns about marihuana use expressed in the 1930's related primarily to a perceived inconsistency between the life styles and values of these individuals and the social and moral order. Their potential influence on the young was especially worrisome. When marihuana was first prohibited, a recurrent fear was that use might spread among the youth. And in the late 1930's and 1940's, the attraction of young people to jazz music was thought to be in part related to marihuana use by this "outsider" population.

Throughout this early period, American society, in reaction to its fear of the unfamiliar, translated rumor about the criminality and immorality of the marihuana user into "unquestioned fact" which, in turn, was translated into social policy.

From the mid-thirties to the present, however, social perceptions have undergone significant change in response to the emergence of new and challenging social problems. As marihuana use has spread to include the affluent, middle class, white high school and college-age youth as well as minority group members of lower socioeconomic circumstances in urban core areas, the concept of marginality has become blurred.

Also, as the use of marihuana has increased, those individuals formerly labeled as marginal and threatening have been replaced by a more middle class, white, educated and younger population of marihuana smokers. A stereotyped user no longer exists, and therefore, the question now properly focuses on who poses a threat to the dominant order.

The Adult Marihuana User

Despite the fact that substantial numbers of adults use marihuana, society does not appear to feel greatly threatened by this group, probably because included in the group are a considerable number of middle class individuals who are regularly employed and whose occupational and social status appear to be similar to those of peers and colleagues who do not use marihuana.

In the course of its fact-finding effort, the Commission has met with several groups of socially and economically "successful" marihuana users in the professions of law, medicine, banking, education and business. In most cases, these persons, in their external appearances, seemed to be mature and responsible adults whose social attitudes and behavior did not mark them as radical ideologues or essentially irresponsible individuals.

For the most part, use of marihuana by adults has been found to be more directly related to the facilitation of social interaction (much like the adult use of alcohol in social gatherings) than to any other factor. Although their marihuana smoking behavior is illegal, most adult users are not ordinarily considered by their peers to be criminal nor is their use generally likely to result in arrest.

Because the adult user generally maintains low visibility, is primarily a recreational user, is not usually involved in radical political activity and maintains a life style largely indistinguishable from his non-using neighbors, he is not ordinarily viewed as a threat to the dominant social order. In short, aside from his use of marihuana, the adult recreational user is not generally viewed as a significant social problem.

The Young Marihuana User

The widespread use of marihuana by millions of young people of college and high school age has been viewed by many as a direct threat to the stability and future of the social order.

Many parents, adults in general, and government officials have expressed concern that young people who use marihuana often reject the essential values and traditions upon which the society is founded. Some have suggested that youthful marihuana use is, in itself, an indication of the rejection of responsibility and a sign of reckless hedonism which may well interfere with an orderly maturation process. Others see youthful marihuana use as part of a pattern of conduct which produces dropping out, underachievement and dependency.

In short, the mass character of youthful marihuana use has been frequently interpreted as a rejection of the institutionalized principles of law and a lack of concern for individual social responsibility, which threatens the social and political institutions.

Implicit in this view is the assumption that a young person who uses marihuana in spite of the law cannot be expected to assume an individually and socially responsible adult role. The strength of this fear is drawn largely from the vocal and visible "counterculture" to which marihuana is often tied. Not surprisingly, the concerns posed by an alternate youthful life style are extended to the drug itself.

Threats to the social order are often seen, for example, in the character of youthful leisure time activities, such as attendance at rock concerts, occasioned by the high mobility and affluence of today's youth. They are also seen in the new modes of speech and dress and in the seemingly casual manner of their day-to-day living. Equally troublesome for many, however, is the idea of intentional intoxication for purposes of recreation.

Such conduct and the more casual attitude toward sexual relationships as well as participation in radical politics have provoked increasing concern throughout the adult society. The National Survey illustrates the extent to which the older adult perceives youthful marihuana use as part of a much larger pattern of behavior which bodes ill for the future of the nation.

First, the older the adult respondent, the more likely he was to picture the marihuana user as leading an abnormal life. Only 9% of the over-50 generation agreed with the statement that "most people who use marihuana lead a normal life." Nineteen percent of the 35-to-49 age group and 29% of the 26-to-34-year-olds were of the same belief. Conversely, half of the young adults (18-to-25) considered most marihuana users normal. This fact is not surprising since many of their contemporaries are marihuana users.

Second, the marihuana user, as envisioned by adults, is typically a youthful dropout from society. He doesn't like to be with other people, is uninterested in the world around him, is usually lazy and has an above-average number of personal problems.

Third, the less optimistic the adult respondent was about the nation's youth, the more likely he was to oppose alteration of the marihuana laws and to envision major social dislocations if the laws were changed. Fifty-seven percent of the adult population in general agreed with the statement, "if marihuana were legal, it would lead to teenagers becoming irresponsible and wild." Among those adults who most disapproved of youthful behavior in general, 74% agreed with the quoted statement. Similarly, 84% of the nonapproving adults favored stricter laws on marihuana.

As we discussed in Chapter I, marihuana's symbolic role in a perceived generational conflict has brought marihuana use into the category of a social problem. Today's youthful marihuana user is seen as a greater threat to the social order than either the marginal user of earlier times or the adult user of the present. Since the concerns about marihuana today relate mostly to youth, the remainder of this section will focus on these youth-related issues.

THE WORLD OF YOUTH

Youth of today are better fed, better housed, more mobile, more affluent, more schooled and probably more bored with their lives than any generation which has preceded them.

Adults have difficulty understanding why such privileged young people should wish to offend by their language and appearance and spend so much effort trying to discredit those institutions of society which have made possible the privileges which those youth enjoy. Many adults perceive the present level of youthful discontent to be of a greater intensity that has been true of past generations.

Marihuana has become both a focus and a symbol of the generation gap and for many young people its use has become an expedient means of protest against adult values.

Adults in positions of authority, parents, teachers, policy officials, judges and others often view marihuana use as the sign of youth's rejection of moral and social values and of the system of government under which they live. The problem is that both youth and adults tend to make pronouncements and are frequently unable to reason together in logical fashion. Instead they overstate their positions in such a way that effective resolution of their differences becomes very difficult.

In effect, each group takes the rhetoric of the other at face value. For youth, however, marihuana use plays many roles, only one of which is a symbolic assault on adult authority and values.

Marihuana use, for many young people, has become a part of a ritual. It takes on the aspect of participating in a shared experience which, for some if not all, is enjoyable in itself. For many, it becomes an even more interesting experience because it is forbidden.

Some of the rituals concerned with the purchase, storage, preparation, and use of marihuana take on a mystique similar to the time of Prohibition when people went through certain rituals necessary to get a drink in a speak-easy. The three knocks and "Joe sent me" cues have been replaced by the not-so-secret handshakes, the new vocabulary of youth and other exclusionary devices to delineate the "in" group.

The use of marihuana is attractive to many young people for the sense of group unity and participation which develops around the common use of the drug. This sense tends to be intensified by a sense of "common cause" in those circumstances where users are regarded as social or legal outcasts.

They know, too, that many of their peers who share the marihuana experience and also share the designation of lawbreaker are, in reality, productive and generally affirmative individuals who are interested neither in promoting the downfall of the nation nor in engaging in acts which would harm the general well-being of the community.

In short, many youth have found marihuana use to be a pleasurable and socially rewarding experience. They have found that the continuance of this behavior has brought them more pleasure than discomfort, more reward than punishment.

Youth have increasingly come to see law enforcement activity directed at marihuana use as an unreasonable and unjustifiable rejection of their generation. Most of these youth have grown up with a positive image of the police as protectors of society. Now, many are confronted with the possibility of police intrusion into their private lives and the threat of a criminal record. The unfortunate result, in many instances, has been a blanket rejection and distrust of both the agents and institutions of government.

In part, marihuana use as a social behavior is an unintended byproduct of the formal and informal educational process. Some persons even suggest that youthful drug usage is a "success" in terms of the educational and socialization process. Our society values independence of thought, experimentation and the empirical method, often reinforcing this attitude by such advertising cliches as "make up your own mind," "be your own man," "judge for yourself."

Although experimentation with regard to drugs should not be considered a "success," the Commission does believe that the educational efforts necessary to discourage this curiosity, which may be valuable in other matters, have not succeeded. We understand why teenagers and young adults encouraged over the years to make up their own minds have not been restrained by exaggerated accounts of marihuana's harmful effects, or by the more recent assertions that a true evaluation of marihuana use requires more research. The Scottish verdict of "not proven" does little to restrain youthful curiosity.

In the previous Chapter, we emphasized the difference between the vast majority of experimenters and intermittent users and the small group of moderate and heavy users who generally use drugs other than marihuana as well. The former do not differ significantly from non-users on many indices of social integration. Various studies indicate that they maintain normal patterns of living and social interaction, and are employed, competent citizens.

On the other hand, there undoubtedly are a number of persons who have used marihuana and have exercised poor judgment, performed inadequately, or behaved irresponsibly while under the drug's influence, thus jeopardizing themselves or others. The fact remains, however, that a certain number of these persons were immature and irresponsible individuals even prior to marihuana use, who would be expected to have poor or impaired judgment *whether or not* marihuana was involved.

The marihuana user is not, for the most part, a social isolationist or a severely disturbed individual in need of treatment or confinement. Most users, young or old, demonstrate an average or above-average degree of social functioning, academic achievement and job performance. Their general image of themselves and their society is not radically different from that of their non-marihuana-using peers. The majority of both groups tends to demonstrate equal interest in corporate concerns.

Based upon present evidence, it is unlikely that marihuana users will become less socially responsible as a result of their marihuana use or that their patterns of behavior and values will change significantly.

WHY SOCIETY FEELS THREATENED

Society appears to be concerned about marihuana use primarily because of its perceived relationship to other social problems. We noted in the discussion of marihuana and public health that the focus of social concern should be the heavy users and the possibility that their numbers will increase. Here we consider the perceived impact of marihuana use upon the institutions and proclaimed goals of the society.

Dropping Out

Many parents have a genuine fear that marihuana use leads to idleness and "dropping out." During the 1960's, marihuana use, as well as the use of other psychoactive drugs, became equated with unconventional youth life styles. When a number of young people adopted unconventional life styles, many adults tended to view long hair, unkempt appearance and drugs as symbols of counterculture.

They concluded that anyone who allowed his hair to grow or gave little attention to his clothing or appearance was probably a drug user with little or no motivation to achieve and no interest in conventional goals.

A number of researchers and clinicians have observed the use of marijuana or hashish in other societies, particularly among poor, lower class males. Some have observed that many of these individuals are generally unmotivated and ordinarily appear to show little aspiration or motivation to improve their way of life, regardless of whether they are judged by the standards of the more prosperous members of their own society or by middle class standards of contemporary American society.

One of the problems with this type of analysis is that it fails to perceive the social and cultural realities in which the phenomenon takes place. In the Middle East and in Asia where hashish is used, the societies, in all instances, are highly stratified with people in the lower classes having virtually no social or economic mobility. Poverty, deprivation and disease were the conditions into which these people were born and in which they remain, regardless of whether they use cannabis. In this context, a person's resignation to his status in life is not likely to be caused or greatly influenced by the effects of cannabis. Any society will always have a certain number of persons who, for various reasons, are not motivated to strive for personal achievement or participate fully in the life of the community. Therefore, the determination is difficult to make whether cannabis use influences a person to drop out and, if it does, to what extent.

Some individuals possess particular personality as well as psychosocial characteristics which in specified instances could produce amotivation or dropping out. However, little likelihood exists that the introduction of a single element such as marihuana use would significantly change the basic personality and character structure of the individual to any degree. An individual is more likely to drop out when a number of circumstances have joined at a given point in his lifetime, producing pressures with which he has difficulty in coping. These pressures often coincide with situations involving painful or difficult judgments resulting from a need to adjust to the pressures of the social environment.

Many young people, particularly in the college population, are shielded in their earlier years from experiences which might be emotionally stressful or unpleasant. Some young people, so sheltered are neither equipped to make mature and independent judgments nor prepared to enjoy the new-found freedom of the university or college in a mature and responsible way. Some of these students are often unable to cope with social or academic adversity. After being sheltered for so long, some of these young people may be easily attracted to experiences which promise new excitement and to fall under the influence of a peer group whose values and living patterns may be inimical to a productive, healthy and continuous process of personal growth and maturity. In these instances, marihuana serves as the medium by which these individuals encounter social and psychological experiences with which they are all ill-equipped to cope.

Certain numbers of these young people have demonstrated what is described as amotivation long before the smoking of marihuana became fashionable. Adolescence is often a particularly difficult period of searching in many directions at the same time. In addition to seeking a concept of "self" the adolescent is, at the same time, attempting to comprehend the nature of the world around him and to identify his status and role in society.

Different individuals, with different backgrounds, socialization patterns, belief systems and levels of emotional maturity cope with the period of transition from childhood to adulthood in different ways. For a small number, dropping out might be one of these coping mechanisms *whether or not* they use marihuana. For others, the response to the difficult adjustments of adolescence takes other forms, some of which are more acceptable, "normal" and easier for adults to understand.

The young person who does not find it possible to cope with the pressures of his adolescent developmental period in ways convenient to the understanding of adult society should not be rejected, stigmatized or labeled. He requires both support and understanding and the opportunity to participate in roles which have meaning for him and in ways in which he feels comfortable. For a certain number of young people, marihuana and the mystique of the experience eases this passage by helping them share their feelings, doubts, inadequacies and aspirations with peers with whom they feel safe and comfortable.

Dropping Down

Apart from the concern over youthful dropping out and idleness, there is also widespread concern about "dropping down" or underachieving.

Parents frequently express fear that marihuana will undermine or interfere with academic and vocational career development and achievement by focusing youthful interests on the drug and those associated with the drug subculture. Some parents make considerable sacrifices for their children to go to school, and the fears that marihuana might undermine the academic, emotional and vocational development of their young are quite understandable.

The Commission reviewed a number of studies related to marihuana use by high school and college youth. No conclusive evidence was found demonstrating that marihuana *by itself* is responsible for academic or vocational failure or "dropping down," although it could be one of many contributory reasons. Many studies reported that the majority of young people who have used marihuana received average or above-average grades in school.

In part, underachievement is related to a view of what one individual judges to be the achievement capacity of another. This judgment is often made without concern for what the individual himself feels about his potential, his interests and his goals. Perceptions about achievement also frequently fail to take into consideration the individual feelings about the goals of his peers and the values of the larger society, including the relative prestige and status attached to various academic programs, occupations and professions.

Youth and Radical Politics

Aside from the issue of unconventional life styles and the concerns evoked by them, the other major concern of the sixties which related to youth and drugs was radical politics.

During the latter half of the decade, youthful anti-war groups were organized on many of the nation's college campuses and high schools. These groups could be divided into two segments. The largest segment consisted of concerned, sometimes confused, frustrated and well-meaning petition signers and demonstrators. Within this large group there was a small coterie of individuals who constantly sought to turn the demonstration into a confrontation and to protest for peace by means of violence. The second segment consisted of organizations of individuals whose stated purpose was to undermine the social and political stability of the society through violent means.

What must be clearly understood, however, is that among the young people, and some not so young, who protested against the war in Vietnam, only a minority were bent on violence and manipulated and corrupted these otherwise peaceful demonstrations for their own purposes.

At the various gatherings, a number of the young people protesting in these mass groups did smoke marihuana. We will never know how many were initiated to marihuana use during the course of these peace demonstrations. The fact remains, however, that in the large camp-ins, such as those in Washington, marihuana was involved in two ways. First, there was the "normal" use in which the smoking was part of the social experience. Individuals came together and smoked, in part, to acknowledge and strengthen group solidarity. Second, another quite different aspect of the marihuana use at these gatherings said, in effect, "we know it's illegal but go and arrest all of us for doing it. . . ." This aspect can perhaps best be characterized as a symbolic challenge to authority.

Unfortunately, however, the media, particularly television and some of the news magazines, sometimes portrayed the image of a group of young people plotting the overthrow of the nation by violent means while under the influence of marihuana. In those relatively few instances where explosives and other violent means were employed, the evidence points to a cold and calculated plan which was neither conceived nor executed under the influence of marihuana.

As a result of these protests and demonstrations, therefore, radical politics has been seen by many as a mechanism through which large numbers of young people would be introduced to marihuana as well as to other drugs. Radical political activity or mass political protest is viewed by some as a threat to the welfare of the nation and is assumed to be aided and encouraged by our enemies.

The involvement of large numbers of youth in political activism and the concomitant public concern about drug use have beclouded the issue of marihuana use and have led to a broadening of the concerns about marihuana on the part of adults.

Some of the radical movement's leaders abetted this tendency by pointing out the alleged irrationality and unfairness of the marihuana laws to recruit members to their ranks. Not surprising is the fact that 45% of the adult respondents in the National Survey felt that marihuana is often promoted by people who are enemies of the United States. Nor is it surprising that this belief is a function of age. While 22% of all young people (12-to-17 years of age) and 26% of young adults (18-to-25 years) identified marihuana with national enemies, more than one-half (58%) of those persons 50 years and older did so.

Youth and the Work Ethic

Of the many issues related to youth and the use of marihuana, one that greatly troubles many adults, is youthful attitudes toward work. The work ethic in our society is based on a belief that work is a good and necessary activity in and of itself.

The traditional view holds that work is not only a right and moral act but that it keeps people from mischief and from wasting time on harmful recreational pleasures. The rationale for this thesis is that work in American society has served as the primary means by which persons acquired the treasured symbols of society.

In fact, throughout much of our history, with the exception of the small number who inherited or married wealth, no ethical alternative to work existed. In recent years, the increased emphasis placed upon leisure time activities has resulted in shorter work weeks, longer vacation periods and more paid holidays.

Among the concerns of the adults about today's youthful attitudes toward work and leisure are that young people seem to enjoy their recreational pursuits so much that they forget that to a considerable degree their enjoyment is paid for by the labor of others.

Many young people do not express the same level of concern as their parents did about preparing themselves for a career and "getting ahead in the world." In part, this attitude is attributable to the fact that increasingly, the results of this labor are not tangible, material goods. Service occupations generally do not produce such tangible products, and even in manufacturing industries the individual worker is usually too remote from the product to feel any pride or interest in it. In both instances, the traditional symbol of the "manhood" of work, a tangible product, is no longer present.

In sum, society has become increasingly disturbed by certain attitudes of today's youth which seem to stress pleasure, fun, and enjoyment without a counterbalancing concern for a disciplined and sustained work effort. Nevertheless, the number of young people who view work as unimportant is small when compared to the total number of young people. The Commission has found no evidence to suggest that the majority of youth are unwilling or incapable of productive and disciplined work performance. In fact, the great majority of young people are performing their tasks in industry, the professions and education quite effectively.

Although many young people delay entry into the work force to enjoy the fruits of our prosperous society, this delay does not mean they will not one day contribute their best efforts to the continued growth and advancement of the nation.

THE CHANGING SOCIAL SCENE

The present confusion about the effects of youthful marihuana use upon the dominant social order is caused by a variety of interrelated social concerns, many of them emotionally charged issues, including anti-war demonstrations, campus riots, hippie life styles, the rising incidence of crime and delinquency and the increased usage of all illicit drugs. The focus of concern about marihuana is aggravated by the data overload mentioned in Chapter I, by the outpouring of incidental information about the drug and its effects in a form and volume far beyond the capacity of the readers or listeners to assimilate or interpret. Rather than informing the public, much of the data disseminated has produced frustration and misinterpretation of the information presented.

Adult society, including parents and policy-makers, finds it difficult to comprehend and account for many of the attitudes and behavior of the young, including the use of marihuana. In many cases the adults are still influenced by the myths of an earlier period which overstated the dangers of the drug. At a time of great social change and turbulence, the tendency to depend on the "traditional wisdom," and its moral justification, is a strong one.

Just as youth must try to understand and appreciate the strengths of the institutions of our society, adults must try to understand the times through the eyes of their children. Where marihuana is concerned, society must try to understand its role in the lives of those who use it. The key to such understanding lies in the changes which have taken place in society within recent years and the effects these changes have had on succeeding generations of youth. The increased use of marihuana is only one of these effects.

One focal point in discussion between generations is the contrast between the use of marihuana and the use of alcohol. Many young people perceive that marihuana is less dangerous than alcohol in terms of its addiction potential and long-term physical and psychological consequences. Many believe also that marihuana and other psychoactive drugs make it possible to expand their perceptions and see this as a perfectly legitimate objective.

Viewed against the background of the profound changes of recent years in the fields of economics, politics, religion, family life, housing patterns, civil rights, employment and recreation, the use of marihuana by the nation's youth must be seen as a relatively minor change in social patterns of conduct and as more of a consequence of than a contributor to these major changes.

When the issue of marihuana use is placed in this context of society's larger concerns, marihuana does not emerge as a major issue or threat to the social order. Rather, it is most appropriately viewed as a part of the whole of society's concerns about the growth and development of its young people.

In view of the magnitude and nature of change which our society has experienced during the past 25 years, the thoughtful observer is not likely to attribute any of the major social problems resulting from this change to marihuana use. Similarly, it is unlikely that marihuana will affect the future strength, stability or vitality of our social and political institutions. The fundamental principles and values upon which the society rests are far too enduring to go up in the smoke of a marihuana cigarette.

IV. SOCIAL RESPONSE TO MARIHUANA USE

A general interpretation of the National Survey indicates that roughly one-quarter of the American public is convinced that criminal sanctions should be withdrawn entirely from marihuana use. Another fourth of the public is equally convinced that existing social and legal policy is appropriate, and would ordinarily jail possessors, with the exception of young first offenders. Approximately half of the citizenry is confused about what marihuana means and ambivalent about what society ought to do about its use. This half of the population is unenthusiastic about classifying the marihuana user as a criminal, but is reluctant to relinquish formal control over him.

In considering social and legal alternatives, the Commission has analyzed the pattern of social response to marihuana use.

The Initial Social Response

As we noted in Chapter I, the initial social reaction to marihuana use was shaped by the narcotics policy adopted by the Federal Government. In the early legislation, marihuana was officially characterized as a narcotic on the basis of the widely shared assumption that it was a habit-forming drug, leading inevitably to a form of dependence. Although the medical community was aware that marihuana was distinguishable from the opiates in that it did not produce physical dependence, no functional distinction was drawn; it was assumed that most users were psychologically compelled to continue using the drug. As one psychiatrist noted in 1934, the marihuana "user wants to recapture over and over again the ecstatic, elated state into which the drug lifts him. . . . The addiction to cannabis is a sensual addiction: it is in the services of the hedonistic elements of the personality."

The notion of psychological dependence is still ill-defined, and was understood even less in the early days of American marihuana use. The Commission has concluded that the automatic classification of marihuana as "addictive" was derived primarily from an underlying social perception of the substrata of society which used the drug: aliens, prostitutes and persons at the bottom of the socioeconomic ladder.

Additional characteristics of the opiates were also transferred to marihuana. Particularly important in this regard was the association of marihuana with aggressive behavior and violent crime. One district attorney in New Orleans, where marihuana use was particularly common, wrote in 1931:

> It is an ideal drug to cut off inhibitions quickly. . . . At the present time the underworld has been quick to realize the value of this drug in subjugating the will of human derelicts to that of a master mind. Its use sweeps away all restraint, and to its influence may be attributed many of our present day crimes. It has been the experience of the Police and Prosecuting Officials in the South that immediately before the commission of many crimes the use of marihuana cigarettes has been indulged in by criminals so as to relieve themselves from the natural restraint which might deter them from the commission of criminal acts, and to give them the false courage necessary to commit the contemplated crime.

By 1931, those states in which marihuana use was at all common had formally responded with a total eliminationist policy. They generally amended the preexisting narcotics legislation to include marihuana. Meanwhile, in 1929, the Federal Government already had classified marihuana officially as a "habit-forming drug," along with the opiates and cocaine, in the legislation which established two federal "farms" for treating narcotics addicts in Fort Worth, Texas, and Lexington, Kentucky.

During the 1930's, the remaining states criminalized marihuana use by adopting the Uniform Narcotic Drug Act, in which the drug was included (optionally) in the definition of narcotic drugs. Then, in 1937, Congress adopted the Marihuana Tax Act, completing the initial period of official response to marihuana use.

A difference of opinion among historians still exists as to why policy-makers thought national legislation was necessary at that time. Whatever the reason, however, Congress responded swiftly, without much attempt to learn the facts about the drug and its use. The assumptions underlying that legislation were summarized in the Report of the House Ways and Means Committee:

> Under the influence of this drug the will is destroyed and all power of directing and controlling thought is lost. Inhibitions are released. As a result of these effects, it appeared from testimony produced at the hearings that many violent crimes have been and are being committed by persons under the influence of this drug. Not only is marihuana used by the hardened criminals to steel them to commit violent crimes, but it is also being placed in the hands of high-school children in the form of marihuana cigarettes by unscrupulous peddlers. Cases were cited at the hearings of school children who have been driven to crime and insanity through the use of this drug. Its continued use results many times in impotency and insanity.

When Congress escalated penalties for narcotics offenses in 1951 and again in 1956, marihuana was included, with the following effects:

	Possession: Minimum sentence
First offense	2 years
Second offense	5 years
Third and subsequent offense	10 years
Fine	$20,000

	Sale: Minimum sentence
First offense	5 years
Second and subsequent offense	10 years
Sale to minor by adult	10 years

Parole or probation were made unavailable to all except first offenders in the possession category.

The perceptions of 1937 were perpetrated in the comments of Senator Price M. Daniel, Chairman of the Senate subcommittee considering the 1956 Act, although by now an important new factor had been added:

> Marihuana is a drug which starts most addicts in the use of drugs. Marihuana, in itself a dangerous drug, can lead to some of the worst crimes committed by those who are addicted to the habit. Evidently, its use leads to the heroin habit and then to the final destruction of the persons addicted.

The Change

With the adoption of marihuana use by middle and upper class college youth in the mid-sixties, the exaggerated notion of the drug's dangers and the social tension so widespread during this period combined to reopen the question of the impact of marihuana use. But governmental policy held to the appropriateness of existing law.

Arrests, prosecutions, convictions and sentences of imprisonment all increased at both the federal and state levels. Marihuana arrests by the U.S. Bureau of Customs increased approximately 362% from fiscal year 1965 to 1970. Arrests by the Bureau of Narcotics and Dangerous Drugs, an agency which concerns itself primarily with sale, rose 80%

from 1965 to 1968. Because major responsibility for enforcing the possession laws lies at the state level, state arrests rose dramatically (1,000%) during the five years from 1965 to 1970. Although the data compiled by the Federal Bureau of Investigation are not comprehensive, the FBI sample tracks the continuing increase of state arrests (Table 6).

Table 6.—STATE MARIHUANA ARRESTS

Year	Arrests	Percentage increase
1965	18,815	.....
1966	31,119	65.39
1967	61,843	98.73
1968	95,870	55.02
1969	118,903	24.02
1970	188,682	58.68

In the wake of this upsurge in marihuana arrests, the criminal justice system faced a far from usual "criminal" population. Nonetheless, judging from federal figures, the number of people prosecuted, convicted, and incarcerated did rise substantially as prosecutors and judges attempted to carry out the law.

Beginning in 1966, however, the proportion of defendants ultimately convicted declined gradually, as did the percentage of defendants who were incarcerated, and the average length of their sentences. This response reflected an attempt to mitigate the harshness of the law as applied to this new user population. By 1968, the trend toward leniency seemed to have temporarily leveled off, before it accelerated again in 1969 (Table 7).

Paralleling vigorous law enforcement effort between 1965 and 1968 was a punitive reaction in the schools and large numbers of students using marihuana were suspended, expelled or referred to the police. Similarly, the military's first reaction to the surge of marihuana use took the form of court-martial, administrative punishment or discharge from the services.

Table 7.—DISPOSITION OF FEDERAL MARIHUANA ARRESTS

Year	Total defendants	Percent convicted	Percent incarcerated	Average length of sentence (in months)
1964..........	.....	85	49	....
1965..........	523	90	52	58.2
1966..........	746	87	45	53.7
1967..........	941	80	38.5	51.0
1968..........	1,433	79	39.4	51.2
1969..........	2,189	76	34.3	52.6
1970..........	2,082	73	27.4	46.7
1971..........	3,323	60	28.5	39.9

The family, however, suffered the most from the sudden conflict between accepted norms and this expression of youthful independence. The use of drugs, particularly marihuana, became a significant barrier between parent and child. Many young people adopted marihuana as a symbol of their uneasiness with society's prevailing norms.

As noted in Chapter I, the sudden increase in marihuana use precipitated extensive research by the medical and scientific communities. By 1969, a consensus emerged holding that many of the earlier beliefs about the effects of marihuana were erroneous. Available U.S. data seemed to indicate that dependence on the drug was rare, as was the incidence of psychosis among marihuana users. Particularly important was the recognition that there was little, if any, convincing proof that marihuana caused aggressive behavior or crime. As such findings accumulated, public attention was drawn increasingly to the consequences of existing policy: soaring arrests, convictions and, in some states, lengthy sentences.

Policy-makers, in social institutions and government, as well as the public began to believe that the harshness of the criminal penalties was far out of proportion to the dangers posed by the drug. As users were incarcerated, newspapers and television stations often brought the matter to public attention, particularly when the arrested youngster came from a prominent family.

Official response to this development was twofold: a trend toward leniency in marihuana cases within the legal system, and a recognition by policy-makers of widespread uncertainty regarding the effects of marihuana.

Reflecting the first response, the courts, prosecutors and police applied existing law more leniently, and the lawmakers in most states and at the federal level changed the letter of the law, reducing the penalties for possession of marihuana, generally to a misdemeanor (up to a year in jail). In the process, they repealed the mandatory minimums which had been of major concern to the judiciary.

By June 1970, 24 states and the District of Columbia had reduced the penalties, although 34 states and the District still classified marihuana as a narcotic. Meanwhile, on the federal level, Congress had been considering the Nixon Administration's comprehensive proposal to overhaul the national government's patchwork of drug legislation.

Since the passage of the Harrison Narcotics Act in 1914, federal laws had taken the form of tax measures, an approach compelled for constitutional reasons. The Marihuana Tax Act of 1937 followed the same format. The result, however, was a complex set of offenses involving order forms and registrations. When the Supreme Court declared certain aspects of the Tax Act unconstitutional in 1969, revision of the law became essential. Taking up the challenge, the Administration proposed a major piece of legislation which tightened control over pharmaceutical distributions and also reappraised the penalty structure for narcotics and dangerous drug offenses.

Possession of all drugs, including marihuana, was reduced to a misdemeanor. Special treatment for first offenders was provided, allowing expungement of the record upon satisfactory completion of a probationary period. Casual transfers of marihuana were treated in the same manner as possession. After a series of wide-ranging hearings, Congress passed the Comprehensive Drug Abuse Prevention and Control Act, and on October 27, 1970, the President signed it into law.

After passage of the new federal drug law, the Conference of Commissioners on Uniform State Laws adopted a Uniform Controlled Substances Act, conforming in structure and emphasis to the federal law. Although the Uniform Act specifies no penalties, the Commissioners recommended that possession of all drugs be a misdemeanor.

At this writing, 42 of the states and the District of Columbia classify possession as a misdemeanor or have adopted special provisions so classifying possession of small amounts of marihuana. In half of the remaining eight jurisdictions, the courts have discretion to sentence possessors as misdemeanants.

In 11 jurisdictions, casual transfers are treated in the same manner as possession, and in 27 jurisdictions, conditional discharge is available to certain classes of offenders.

The second characteristic of the 1969–70 official response was its acknowledgment of uncertainty. No longer perceived as a major threat to public safety, marihuana use had now became primarily an issue of private and public health. Scientific researchers were asked to define the nature and scope of the health concern. In a sense, lawmakers took the minimum official action dictated by social and scientific realities, but were uncertain where to go from there. The need to know more about the effects of the drug, particularly its chronic, long-term effects, became the core of official response.

Many states appointed special task forces and commissions to report on marihuana and drug abuse in general. Congress directed the Department of Health, Education and Welfare to file annual Reports on Marihuana and Health and, in the Comprehensive Drug Abuse Prevention and Control Act of 1970, established this Commission.

The Current Response

In addition to an objective appraisal of the effects of marihuana use, this Commission was directed to evaluate the efficacy of existing law. The marihuana laws were and still are the focus of much public debate. We have recognized from the outset that a meaningful evaluation of the law is dependent upon an understanding of objectives and the social context in which the law operates. Particularly important in this connection are the attitudes and practices of society's non-legal institutions and the general direction of public opinion.

In order to comprehend the entire range of contemporary social response, the Commission launched a threefold inquiry. First, we designed a series of projects designed to ascertain opinion and behavior within the criminal justice system. Included were an analysis of all marihuana arrests during the last six months of 1970 in six metropolitan jurisdictions, a similar study of all federal marihuana arrests during 1970, an opinion survey of all local prosecuting attorneys, and a similar survey of attitudes among a representative sample of judges, probation officers and court clinicians.

We next focused on the practice and opinion of the medical, clerical, educational, and business communities. To this end, we solicited written responses from representative groups, invited various spokesmen to testify before us, made numerous field visits to secondary schools, colleges and universities and surveyed opinion in free clinics and university health services. We also launched a study of drug use and abuse in industry which will be covered in our second Report on drug abuse.

Finally, we commissioned the National Survey of public opinion about marihuana to which we have previously referred.

THE CRIMINAL JUSTICE SYSTEM

How does the criminal justice system respond when an enormous increase in an illegal conduct, of a primarily private nature, makes full enforcement of the law impossible, and when there is widespread doubt about the rationale for making the conduct illegal? This question guided our analysis of the responses and opinions from members of the criminal justice system.

Law Enforcement Behavior

On the basis of a detailed study of all federal marihuana arrests during 1970 and of a sample of state arrests during the last half of 1970 in Cook County, Illinois; Dallas, Texas; Omaha, Nebraska; Tucson, Arizona; San Mateo County, California; and the Washington, D.C. Metropolitan Area, we present the following findings.

Federal

The federal authorities make little or no effort to seek out violators of laws proscribing possession of marihuana. The Federal Government ceded primary responsibility for enforcement of possession laws to the states several years ago. However, in the course of general enforcement activity, the federal authorities do make possession arrests. If a person is arrested at the federal level for possession or casual transfer of small or moderate amounts of marihuana, the case generally is either dropped or turned over to the states for prosecution.

The Bureau of Narcotics and Dangerous Drugs does not concentrate much of its energy on marihuana. By its own estimate, approximately 6% of its investigative efforts are directed at marihuana offenses. Most BNDD marihuana arrests occur as a result of the agency's general investigation into the commercial distribution of all drugs.

The overwhelming majority of all federal marihuana arrests occur at or near the borders, as the Bureau of Customs, sometimes in cooperation with the Border Patrol of the Immigration and Naturalization Service, attempts to interdict the importation of the drug.

State

At the state level, where enforcement of the possession laws is focused, about 93% of the arrests in our sample were for this offense. Yet, there was little formal investigative effort to seek out violators of the possession laws. Instead, 69% of all marihuana arrests arose from spontaneous or accidental situations where there had been no investigation at all. Well over half of these spontaneous arrests occurred when police stopped an automobile and saw or smelled marihuana. The remaining spontaneous arrests occurred when police stopped persons on the street or in a park and discovered marihuana.

In an additional 16% of the cases, the marihuana arrest resulted from police follow-up of a phoned tip or similar lead. In less than 11% of all the cases was there any significant police involvement. (Scope of investigation was unknown in about 47% of the cases.)

Because of this enforcement pattern, arrests were concentrated among the young. Typically the arrestee was a white male, in school or employed in a blue collar job, without a prior record. Of those arrested at the state level:

- 58% were under 21; 30% were between 21 and 26; 10% were over 26 (2% unknown)
- 85% were male; 15% were female
- 77% were white; 21% were black; 2% were Spanish-speaking
- 27% were students, 2% were military; 28% were employed in blue collar jobs; 15% were employed in white collar jobs; 11% were unemployed (16% unknown)
- 44% had not been arrested previously; 31% had been arrested previously (in 25% of the cases, the extent of prior contact was unknown); only 6% of the arrestees had been previously incarcerated

Such arrestees generally possessed only small amounts of marihuana. Of our entire sample of 3,071 arrests:

- 67% were for possession of less than one ounce (18% were for less than one gram; 23% were for between one and five grams; 26% were for between five and 30 grams)
- 7% were for possession of between one ounce and four ounces
- 8% were for possession of over four ounces
- 13% were for possession of unknown quantities
- 3% were for transfer of less than one ounce
- 3% were for transfer of over one ounce*

Offenders at the state level were generally arrested in groups.

- 29% were arrested alone
- 24% were arrested with one other person

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* Because the figures have been rounded off, the total is not always 100%.

- 43% were arrested with two or more other persons (4% unknown)

Faced with this population of offenders, the criminal justice system responded often by dismissing or diverting to a non-criminal institution the young first-offense possessor of small amounts.

Adult Cases

At least 48% of the cases were terminated in the defendant's favor:

- The police themselves disposed of 10% of the cases, refraining from filing charges, or diverting the case to some other institution.
- The prosecution declined to file complaints in an additional 7% of the cases.
- An additional 28% of the cases were dismissed in the course of pretrial judicial proceedings.
- In 3% of the cases, the defendant was acquitted at trial.

Juvenile Cases

At least 70% of the cases were terminated in the youth's favor:

- The police themselves disposed of 21% of the cases, refraining from referring the youth to juvenile authorities or diverting the case to some other agency.
- An additional 48% of the cases were dismissed either because the juvenile officer responsible for filing a delinquency petition refused to do so, or because the judge dismissed the case prior to trial.
- In 1% of the cases, the juvenile was found innocent.

Of the entire sample of arrests, both adult and juvenile, 33% of those apprehended were ultimately sentenced, after pleading guilty or being found guilty. (Since 11% of the 3,071 cases were still pending at the time of our study, and disposition was unknown in 2% of the cases, the figure may be as high as 40% of all arrests).

Of those convicted for possession of marihuana, 24% were incarcerated, usually for a year or less. Most of the remaining persons were put on probation, although some were fined only. By comparison, of those convicted of sale (5% of the convicted individuals), 65% were incarcerated, usually for over a year.

In short, in the 2,610 cases where disposition was final and was available to us, 6% of those apprehended were ultimately incarcerated.

From this analysis of enforcement behavior, it appears that the law enforcement community has adopted a policy of containment. Although effort is sometimes expended to seek out private marihuana use, the trend is undoubtedly to invoke the marihuana possession laws only when the behavior (possession) comes out in the open. We were told by police officials in some cities, for example, that arrests are made only when marihuana use is flaunted in public.

The salient feature of the present law has become the threat of arrest for indiscretion. The high percentage of cases which, after arrest, are disposed of by dismissal or informal diversion attests to the ambivalence of police officials, prosecutors and judges about the appropriateness of existing law. Anyone processed through the entire system does run a risk of incarceration, especially when the individual had a prior record and the offense was sale or possession of a significant amount.

Law Enforcement Opinion

Presecutorial opinion toward the existing system suggests both a containment objective and a flexible response. As to prosecution policy:

- 31% of the prosecutors state that they would not prosecute anyone arrested at a private social gathering of marihuana users who are passing a cigarette
- Large numbers of prosecutors admit that they consider factors other than strength of the evidence in deciding whether or not to prosecute a possession case; 41% cite age, 38% cite lack of prior record, 36% consider the amount of marihuana seized and 26%

take into account the family situation of the accused; 31% thought one or another of these non-legal factors was *most* important in his decision
- 29% of the prosecutors acknowledge that they use informal probation in lieu of prosecution in some cases

As to the efficacy of existing law, a majority of the prosecutors agree that the marihuana laws do not deter, or deter only minimally:

- Persons under 30 from initiating use (53%)
- Users from using regularly (56%)
- Users from transferring small amounts for little or no remuneration (55%)

From the studies made by the Commission of enforcement practices, we consider this to be a realistic assessment.

Conversely, however, the prosecutors agree that the laws have a significant effect in deterring users from smoking marihuana openly (62%) and persons over 30 from initiating use (44%).

We also asked the district attorneys for their views on an appropriate legal policy concerning marihuana use. Their opinions tend to fall in three groups. One group, representing about 25% of the prosecutors, favors the status quo, and does not want any further reduction in penalties. A fifth of the prosecutors conclude, on the basis of their experience, that possession of marihuana, and perhaps sale of the drug, should be removed entirely from the criminal justice system.

The remaining prosecutors, a majority, are willing to consider mitigation of the harshness of the law either by legislation or by benign exercise of discretion, but is reluctant to relinquish formal, criminal control. These prosecutors doubt the deterrent value of the law and are willing to be lenient in appropriate cases, but they believe some use of the legal system is necessary to prevent an increase in marihuana use.

Underlying these opinions are diverse attitudes about marihuana use and the efficacy of existing law. For example, prosecutors who doubt the efficacy of existing law and reject the "escalation" and "aggressive behavior" hypotheses, are generally willing to modify the laws by their enforcement polices and by legislative reform (Table 8).

Table 8.—DISTRICT ATTORNEYS' OPINIONS

Change favored	Percent who believe marihuana leads to hard drug use	Percent who believe marihuana leads to aggressive behavior	Percent who believe the marihuana laws do not deter persons under 30 from initiating use	Percent who utilize informal probation
None	87.1	47	51.3	28.5
Reduction of possession penalties	68.8	35.1	63.2	34.3
Preclusion of incarceration	64.7	33	59	33.2
Decriminalization of possession of small amounts	41.5	21.9	67.2	37.4
Legalization of marihuana	32.2	11.1	69	37.8

How to read table: 87.1% of the prosecutors who favor no change in existing law believe that marihuana leads to the use of hard drugs; in contrast, 32.2% of the prosecutors who favor legalization believe that marihuana leads to the use of hard drugs.

The same general pattern of practice and opinion emerges at the judicial and dispositional level.

Only 13% of the responding judges would jail an adult for possession of marihuana and only 4% said they would incarcerate a minor. Lesser proportions of probation officers and clinicians would imprison adults (8% and 1%) and minors (2% and 1%). Conversely, 11% of the judges, 15.5% of the probation officers and 63.5% of the clinicians noted that they would assess *no penalty* for possession by adults. For minors, the proportions are 3%, 5%, and 33% respectively.

With regard to appropriate legal policy, the judges exhibit the same inclination as the prosecutors to look for alternatives within a formal control system which would avoid the use of criminal penalties. We asked essentially the same question in two ways and received similar responses (Table 9).

The judges, as a group, are less enthusiastic about criminal control than the prosecutors, but are equally unwilling to relinquish formal control. By contrast, the pro-

Table 9.*—JUDGES' OPINIONS

Types of control	Means of control for adult users	Percent who favored	Statutory schemes for possession	Percent who favored
Informal control	Personal choice Informal social control	11 22	Control outside criminal justice system.	24.3
Non-criminal formal control	Required treatment Other	21 11	Expungement of criminal record.	57.9
Criminal control	Criminal law	25	Control within criminal justice system.	11.5

* Because of a small percentage of non-responses, figures do not always total 100%.

How to read table: When asked to identify the appropriate means of control for adult users, 33% of the judges opted for informal control (11% would rely on personal choice and 22% would rely on informal social control). Similarly, when asked about the appropriate statutory scheme for possession, 24.3% of the judges preferred control outside the criminal justice system, a functional equivalent of "informal control."

Table 10.*—PROBATION OFFICERS' OPINIONS

Types of control	Means of control for adult users	Percent who favored	Statutory schemes for possession	Percent who favored
Informal control	Personal choice Informal social control	21 32.7	Control outside criminal justice system	35.5
Non-criminal formal control	Required treatment Other	11.8 10	Expungement of criminal record	54.5
Criminal control	Criminal law	15.5	Control within criminal justice system	9

* Because of a small number of non-responses, the figures do not always total 100%.

bation officers and clinicians, who have more personal contact with these offenders and are perhaps more intensively aware of the control potential of the criminal justice system, are highly skeptical about formal control (Tables 10 and 11).

In conclusion, as one proceeds through the criminal justice system, from district attorneys to court clinicians, the people responsible for the functioning of that system seem to be decreasingly enthusiastic about the appropriateness of criminal control and decreasingly insistent on any technique for formal control.

Table 11.*—CLINICIANS' OPINIONS

Types of control	Means of control for adult users	Percent who favored	Statutory schemes for possession	Percent who favored
Informal control	Personal choice Informal social control	61.7 21	Control outside criminal justice system	74
Non-criminal formal control	Required treatment Other	1 10	Expungement of criminal record	22.6
Criminal control	Criminal law	3.5	Control within criminal justice system	0

* Because of a small number of non-responses, the figures do not always total 100%.

To supplement our survey of behavior and opinion within the criminal justice system, we also solicited the views of the American Bar Association. The President of the ABA in turn urged the respective Committee of the Association to submit their views to us. The two Committees directly concerned with the drug area, the Committee on Alcoholism and Drug Reform of the Section on Individual Rights and Responsibilities, and the Committee on Drug Abuse of the Section on Criminal Law, were in essential agreement regarding the appropriate course of action.

Both Committees expressed doubt about the wisdom and legitimacy of existing policy and about the capacity of the criminal justice system to deal with marihuana use.

They both urged the Commission to recommend the removal of criminal penalties from possession of the drug for personal use and casual non-profit transfers. Both Committees suggested that a regulatory approach to distribution of the drug be given serious consideration.

THE NON-LEGAL INSTITUTIONS

Law enforcement authorities, given available and prospective resources, cannot possibly enforce the existing marihuana laws fully. The best they can do is keep marihuana use contained and out of sight. In addition, many officials within the criminal justice system are reluctant to enforce the marihuana laws, being either uncommitted to the usefulness of this particular law or opposed to the law itself. The net result is for the legal system to leave much of the responsibility for social control to other social institutions such as family, schools, churches and the medical profession. Since these other institutions themselves have relied heavily on the legal system for control, caution and confusion now dominate the social response to marihuana use.

The diminishing severity of the law enforcement response may not have occurred if the other institutions of society had continued to regard the marihuana user as a criminal. However, many of these institutions have come to view the marihuana user primarily in social or medical terms, and to recommend a form of social control in accord with their respective self-interests or orientations. In many cases, the attitudes of these other institutions mirror that of the criminal justice system: uncertainty about the proper role of formal legal control.

The Family

The most important institution for instilling social norms is the family. Parental attitudes generally parallel public opinion, and specific responses in our National Survey suggest an inclination among parents and non-parents to deal with youthful marihuana users through discussion and persuasion rather than harsh or punitive measures. When asked what action they would take upon discovering that one of their teenage children was smoking marihuana with friends, 47% of the adults responded that they would use persuasion and reason. Twenty-three percent favored a punitive approach. Interestingly, 9% of the latter group felt so strongly about the matter that they were willing to report their own child to the police. A considerable number, 35%, indicated that they were uncertain about what to do, or failed to respond to this multiple response question.

The non-punitive trend was also apparent when the adults were asked what they would do if their teenage child was arrested for a marihuana offense. A substantial number (58%) indicated they would attempt to extricate their child from the situation, many not wishing their child to have a police record, while 34% expressed the sentiment that the child's arrest would help him learn a lesson.

The Schools

Marihuana use continues to increase among high school and college students. The National Survey reveals that 30% of the high school juniors and seniors have used marihuana. The National Survey also reveals that 44% of those currently attending college at the graduate or undergraduate levels have used it, while other surveys indicate this figure is significantly higher in some major universities.

Not surprisingly, there has been, during the last two years, an appreciable change in the attitudes of school administrators, faculty and even of the boards of education and trustees toward marihuana use. Administrators at the secondary and college levels are generally more relaxed and tolerant toward marihuana use than they were during the mid-1960's, when support for a punitive response was common. After the initial shock of widespread use dissipated, many school officials came to believe that strong disciplinary action, including suspension and arrest, was counterproductive. In addition, as the evidence accumulated that marihuana was not as dangerous as had once been thought, parental and community pressures were sometimes brought to bear on school administrators to be less punitive and more understanding of marihuana use.

At the secondary level, the policies vary somewhat from state to state and even within states. Nevertheless, school boards generally seem to have become less enthusiastic about suspension and arrest as an appropriate response to marihuana use. One school administrator in Philadelphia noted sarcastically that if all users were suspended or arrested, the high schools would become empty cells, with their entire clientele turned out onto the streets.

A West Coast official emphasized that student alcohol use was a much more serious problem than marihuana use; he even suggested that legalization of marihuana might reduce alcohol use among the young. The Commission ascertained that no suspensions for marihuana use had occurred during 1971 in the entire school system of a southern metropolitan area. Although security officers in that system did make 20 arrests, they were all for selling marihuana and other drugs.

At the secondary level, then, increased reliance is being placed on persuasion rather than discipline, as a means of discouraging marihuana use. Drug education programs, now being instituted in almost every school system, often include information about alcohol and tobacco. We will explore the various pedagogical techniques employed in such programs and will attempt to evaluate them in our next Report.

At the college level, the response is even more lenient. In many cases official neutrality or even protection against police intervention substitutes for the restraint common at the secondary level. Under formal or informal arrangements with local law enforcement officials, many schools bar on-campus arrests for marihuana use. Apparently they have concluded that enforcement of the marihuana laws causes more harm than does use of the drug. In some cases, college authorities have substituted their own policy for society's official policy. The Commission learned at one of its hearings in Chicago, for example, that a major Midwestern university explicitly declared that students would be subject to university disciplinary action if they were found in possession of more than one week's supply of marihuana.

Control at the college level is usually considered a medical concern and is handled either through the university health centers or free clinics. The trend toward leniency is also apparent in the policy responses of the representative sample of university health service and free clinic physicians, whose profession presumably brings them into contact with the population most at risk from marihuana. Among personnel of the free clinics, 62% of the respondents favor legalization; 5% would continue the present policy, and the remainder would either reduce penalties (11%) or await further research (22%).

Even among the "establishment-oriented" health service personnel, similar attitudes prevail. Nineteen percent would continue the present policy, and 16% would legalize. Of the remaining 55% (10% did not respond), 38% would reduce penalties and 17% would await further research. This pattern of views bears a striking resemblance to that of the prosecuting attorneys, and indeed of the public at large. The large majority indicates uneasiness with the present system and opposition to legalization, but is uncertain about exactly what to do.

The Churches

The nation's churches play a major role in the process by which society's norms and values are transmitted to the young. Moral education, through individual and family counseling by church personnel, is influential in the process of social control, particularly for adolescents. Consequently, the Commission sought to learn the attitudes, responses and recommendations of the clergy.

The larger societal uncertainty about the social and moral implications of marihuana use is also reflected in the attitudes of religious institutions. For example, Dr. Thomas E. Price, speaking for the National Council of Churches of Christ in the U.S.A. before the Commission, referred to marihuana as a "tightly drawn moral knot." This uncertainty has led many religious groups to minimize a punitive and repressive response to marihuana use in their official statements and formal programs. Instead, they have concentrated on education and rehabilitative programs.

Many church spokesmen have urged a reconsideration of social and legal policy. The range of their suggestions for change reflects, once again, widespread uncertainty. Some ask for some form of "adequate" punishment or supervision so as to discourage marihuana use. Others say "reform or elimination" of penalties for possession would be appropriate. And there are those who suggest legalization with some government regulation. Some church spokesmen have defended existing policy, recommending only that the law be more strictly and uniformly enforced.

The Medical Community

In contrast to the mixed opinions of other segments of society, the medical profession has a rather broad consensus at the present time. In a series of responses from various medical societies, associations and committees, we found certain recurrent themes. Every medical group emphasized the need for more research into the effects of marihuana. There was uniform emphasis on how marihuana, as a "drug," affects heart, head, blood, brain and so on, but not on how it affects society as a behavior. The consensus was that marihuana, the drug, poses some danger for the individual, physically or psychologically. The only major disagreement is about the degree of such danger.

The second recurrent theme was that marihuana should definitely not be legalized. Legalization would imply sanction, medical groups said, with a probable increase in use as a result. One doctor compared legalization with the failure of Prohibition: "The fact [that] Prohibition was a failure doesn't make alcoholism a good thing and the six million or so (alcoholics) we have are no bargain. Therefore, since there is no legitimate use for marihuana it seems rather silly to legalize its use to initiate a second headache." Another reason commonly given by physicians for opposing legalization is that such a step should be taken if and when it is proven that marihuana is *not* dangerous.

The third common theme of medical opinion was a call for a more lenient approach toward users, again a position reflected in almost every quarter of society. One officer of a public health association told a convention: "(Our committee) deplores the strong punitive measures suggested by some because we feel that a jail sentence for the offense of smoking marihuana is not likely to solve the problem of eliminating marihuana use. On the contrary, a prison sentence is likely to do great damage to a young person's personality as well as to his future career." Another group called for prosecutors to use discretionary powers in handling youthful first offenders.

When discussing penalties, the medical community begins to take a look at marihuana use as a form of social behavior rather than simply a drug which produces certain physical and psychological effects. One doctor wrote: "Because marihuana in present patterns of use is, by and large, a relatively innocuous drug and because its use has many motivations from simple curiosity to symbolism of hostility to the 'establishment,' the legal penalties in many jurisdictions throughout the United States are excessively punitive."

Summary

Social institutional spokesmen now commonly recognize that control of marihuana is only partially a law enforcement problem. Opinions cluster around the propositions that society should not be punitive on the one hand, but should not make the drug available, at least for now. Beyond these points, however, uncertainty prevails. There is no common vision of an appropriate social control policy.

Each institution is going about the business of control in its own way. Parents emphasize mutual communication. The secondary schools emphasize health education. The colleges recognize personal freedom so long as it does not jeopardize the educational enterprise. Churches emphasize uncertainty about the moral implications of marihuana use. The medical fraternity stresses the need for further research into the health consequences of marihuana use. Uncertainty is the common denominator.

THE PUBLIC RESPONSE

For most Americans marihuana use is not an abstract phenomenon. Fifteen percent of the adult population, the National Survey revealed, has tried the drug and 44% of the non-trying adults personally know someone who has used the drug. Fourteen percent of the youth have tried the drug and 58% of the non-triers know someone who has used the drug. Indeed, 6% of the non-trying youth indicated that half or more of their friends used marihuana.

The public is also aware of the consequences of the existing system and concerned about its impact. Ninety-seven percent of the adults know that selling marihuana is against the law. Only a few less, 94%, know that possession is against the law. In fact, one-fourth of the adults know someone who has been arrested on a possession charge. Ninety-two percent of the youth know that sale is prohibited, and four out of five know that possession is against the law. Fifty-three percent of the 16- and 17-year-olds actually know someone who has been arrested for possession.

Acutely aware of the legal consequences of use, the public is also cognizant of the difficulties encountered by the criminal justice system in its attempt to enforce a widely-violated law. Adults were asked whether they mostly agreed or mostly disagreed with a series of 12 selected propositions regarding the desirability of maintaining or altering the present system of marihuana control. The two propositions which received the most support relate to problems inherent in the existing laws.

Eighty-three percent of the adults mostly agreed with the statement that "because of marihuana a lot of young people who are not criminals are getting police records and being put in jail." And 76% agreed that "laws against marihuana are very hard to enforce because most people use it in private."

Marihuana use is more personal than most public issues, but it is also more confusing. Bombarded in recent years with contradictory "findings" and statistics about the effects of marihuana, and with conflicting arguments about public policy, the public tends to believe everything, whether pro or con. Particularly important in this regard is the widespread acceptance of beliefs which have little basis in fact.

Approximately half of the adult public believes that "many crimes are committed by persons who are under the influence of marihuana," and that "some people have died from using it." Seven of every 10 adults believe that "marihuana makes people want to try stronger things like heroin." Although the probability that a person believes these statements increases with age, a significant percentage of all groups are represented.

The underlying confusion is strongly indicated in the contradictory attitudes toward various reasons for maintaining or changing the law. For example, 43% of the adults thought, in the context of an argument for making marihuana legal, that "it should be up to each person to decide for himself, like with alcohol or tobacco." Yet 75% of the adults agreed, in the context of an argument for keeping the laws the way they are, that "there are already too many ways for people to escape their responsibilities. We don't need another one."

Youth tend to be less convinced than adults that marihuana use may be fatal to the user, or cause him to commit crime or lead him to use other drugs; but young people as a group also are noticeably more uncertain about these matters. One of every four young people indicated that they were unsure whether marihuana caused death or crime, and one of every six expressed uncertainty regarding the progression to other drugs. Similarly, young people were more than twice as likely as adults to have "no opinion" about the various propositions regarding the need for legal change.

Public attitudes toward marihuana exhibit both doubt and tension. On the one hand, we note an acute awareness of the legal consequences of marihuana use and an appreciation of the adverse impact of processing users through the criminal justice system. On the other hand, we note some misconceptions about the dangers of marihuana and confusion about the consequences of changing or maintaining the present system.

Public responses on the basic questions of social and legal policy reflect the underlying ambivalence. The overwhelming majority of the public does not want to treat the marihuana user harshly. This attitude appeared repeatedly through the entire Survey. When asked, "For the good of the country, which of the following courses of action would be the best thing to do about [marihuana use]?" the public responded in the following manner:

	Percentage	
	*Adults**	*Youth 12-17*
Handle the problem mostly through the police and courts: the process of arrest, conviction, punishment	37	20
Handle the problem mostly through medical clinics: the process of diagnosis, treatment, care	51	48

* Some adults gave more than one answer.

	Percentage Adults	*Percentage* Youth 12-17
Don't worry about the use of marihuana, but spend time and money on preventing and solving other crimes	11	11
No opinion	5	20

Adults and youth were also asked to look at marihuana use from the perspective of the system, and to identify the appropriate penalty for possession of marihuana. Both groups were reluctant to put users in jail, especially for a first offense. Eighty-three percent of the adults and 64% of the youth would not incarcerate a youthful first offender;

Table 12.—ADULTS' VIEWS ON POSSESSION PENALTIES

Penalty	If defendant is teenager				If defendant is adult			
	First offense (percent)		Previous conviction (percent)		First offense (percent)		Previous conviction (percent)	
No penalty............	20	Total	6	Total	13	Total	7	Total
Fine (no police record)....	34	83	11	37	28	64	6	24
Probation.............	29		20		23		11	
Jail sentence								
Up to a week.........	8	Total	20	Total	11	Total	14	Total
Up to a year..........	3	13	24	56	12	32	24	70
More than a year......	2		12		9		32	
No opinion.............	4	....	7	....	4	....	6	....

YOUNG PEOPLES' (age 12–17) VIEWS ON POSSESSION PENALTIES

Penalty	If defendant is teenager				If defendant is adult			
	First offense (percent)		Previous conviction (percent)		First offense (percent)		Previous conviction (percent)	
No penalty............	13	Total	6	Total	11	Total	7	Total
Fine (no police record)....	28	64	9	35	21	50	7	27
Probation..............	23		20		18		13	
Jail sentence								
Up to a week.........	8	Total	13	Total	16	Total	12	Total
Up to a year..........	6	19	21	51	11	36	18	59
More than a year......	5		17		9		29	
No opinion.............	17	....	14	....	14	....	14	....

54% of the adults and 41% of the youth would not even give the young offender a police record (Table 12).

Interestingly, the youth population as a whole was less lenient than the adult population as a whole. Within each group, however, the older teenagers and young adults were the most tolerant in all respects.

These statistics suggest that the public generally prefers leniency when responding to questions specifically directed to marihuana use. But when asked about "control" or "the law" in general, the response often appears quite harsh. For example, when asked to consider a range of five alternative control schemes, most adults tended to resist change.

Thirty-one percent of the adults thought that making marihuana legally available through regulated channels (like alcohol) was acceptable; but 67% thought it was unacceptable. Although 23% thought the removal of criminal sanctions from possession was acceptable. 74% thought this approach was unacceptable. On the other hand, 56% of the adults thought that the existing laws were acceptable; yet 41% found the present law unacceptable. Finally, 72% thought "stricter laws" would be acceptable, while only 26% thought such a change would be unacceptable. Indeed 43% thought stricter laws were the "ideal solution" and 62% thought this was the best of the alternatives.

These responses seem to be contradictory. We are puzzled about what the respondents thought they meant when they expressed a preference for stricter laws.

They probably did not mean stricter penalties for possession. Such an interpretation would be entirely inconsistent with responses to questions aimed directly at appropriate policy toward users. Under existing law some states still treat first offenders as felons and most states treat multiple offenders as felons. But, only a third of the adult respondents would put an adult multiple offender in jail for more than a year.

The preference for stricter laws might be interpreted to mean heavier penalties for sale, or better enforcement of existing proscriptions against trafficking. Two-thirds of the adults did indicate that they preferred heavier penalties for sale than for possession. But penalties for selling for profit are already quite heavy in every jurisdiction.

We suspect that a majority of the public, including many of those favoring "stricter laws," is actually disturbed about the increase in marihuana use and would like a system which would work better than the existing system to discourage use. A majority of the adult public seeks a better system of control, albeit one which is not punitive toward the user. Apparently uneasy about the individual and social consequences of the present system, the large center of public opinion is nonetheless reluctant to relinquish formal control.

This insistence on maintenance of formal controls over the user rests upon two interrelated factors: respect for law and faith in the efficacy of legal control. First, the public does not believe the legal order should wither away simply because many people choose to violate the laws against marihuana use. Obedience of the law is highly valued in our society.

This factor is illustrated clearly by the widespread public disagreement with the following arguments for changing the law: 76% of the adults disagreed with the statement that "young people would have more respect for the law if marihuana were made legal"; and four out of five adults disagreed with the statement that "so many people are using marihuana that it should be made legal."

Second, most adults believe that legal remedies, even though not punitive, are necessary to discourage use of the drug. This belief is tied largely to their understanding of the effects of the drug and is reflected in the response to the question about "the best way" to handle the use of marihuana. As we noted earlier, 51% of the public thought that marihuana use ought to be handled as a medical problem.

Also, the substantial majority of people who are reluctant to incarcerate possessors do prefer the imposition of fines without a police record or probation. Both of these alternatives retain formal control over the user and indicate faith in the deterrent value of the law. The public responses in this respect bear a striking resemblance to those of the judges and probation officers, who repeatedly indicated a preference for non-punitive formal control.

This interpretation of dominant opinion was drawn from ostensibly inconsistent responses to a long series of questions on appropriate social and legal policy. A substantial minority of the public, however, exhibited a consistent pattern of response to all questions. About a quarter of the public is convinced that the criminal sanction should be withdrawn entirely from marihuana use. Another quarter of the public prefers the criminal approach, even for the user.

In sum, the existing system is not supported by the consensus of public opinion that once existed. There is a consensus that punitive measures are generally inappropriate. There is also a predominant opinion that the legal system should not abandon formal control.

V. MARIHUANA AND SOCIAL POLICY

A constant tension exists in our society between individual liberties and the need for reasonable societal restraints. It is easy to go too far in either direction, and this tendency is particularly evident where drugs are concerned.

We have guided our decision-making by the belief that the state is obliged to justify restraints on individual behavior. Too often individual freedoms are submerged in the passions of the moment, and when that happens, the public policy may be determined more by rhetoric than by reason. Our effort has been to minimize the emotional and emphasize the rational in this Report.

Drugs in a Free Society

A free society seeks to provide conditions in which each of its members may develop his or her potentialities to the fullest extent. A premium is placed on individual choice in seeking self-fulfillment. This priority depends upon the capacity of free citizens not to abuse their freedom, and upon their willingness to act responsibly toward others and toward the society as a whole. Responsible behavior, through individual choice, is both the guarantor and the objective of a free society.

DRUGS AND SOCIAL RESPONSIBILITY

The use of drugs is not in itself an irresponsible act. Medical and scientific uses serve important individual and social needs and are often essential to our physical and mental well-being. Further, the use of drugs for pleasure or other non-medical purposes is not inherently irresponsible; alcohol is widely used as an acceptable part of social activities.

We do think the use of drugs is clearly irresponsible when it impedes the individual's integration into the economic and social system. A preference for individual productivity and contribution to social progress in a general sense still undergirds the American value structure, and we emphasize the policy-maker's duty to support this preference in a public policy judgment.

At the same time, in light of the emerging leisure ethic and the search for individual meaning and fulfillment noted in Chapter I, we cannot divorce social policy from the questions raised by the recreational use of drugs. Productivity and recreation both have a place in the American ethical system. They are not inconsistent unless the individual's use of leisure time inhibits his productive role in society.

Drugs should be servants, not masters. They become masters when they dominate an individual's existence or impair his faculties. To the extent that any drug, including alcohol, carries with it risks to the well-being of the user and seriously undermines his effectiveness in the society, that drug becomes a matter of concern for public policy.

An essential step in the process of policy-formation is a determination of the circumstances under which use of any given drug poses such risks. For some drugs, the risks may be so great that all permissible measures should be taken to eliminate use. For other drugs, such risks may be present only under certain specific cirmumstances, in which case society may defer to responsible individual choice on the matter of recreational use but take appropriate steps to minimize the incidence and consequences of dysfunctional use. In our Report next year, for which studies are already underway, we will consider from this perspective the whole range of drugs now used for non-medical purposes.

A Social Control Policy for Marihuana

In formulating a marihuana policy, our strongest concern is with irresponsible use, whether it be too often, too much, indiscriminate, or under improper circumstances. The excessive or indiscriminate use of any drug is a serious social concern; and this is particularly true of marihuana since we still know very little about the effects of long-term, heavy use. We have little doubt that the substantial majority of users, under any social control policy, including the existing system, do not and would not engage in irresponsible behavior.

In identifying the appropriate social control policy for marihuana, we have found it helpful to consider the following policy options:

I Approval of Use.
II Elimination of Use.
III Discouragement of Use.
IV Neutrality Toward Use.

APPROVAL OF USE

Society should not approve or encourage the recreational use of any drug, in public or private. Any semblance of encouragement enhances the possibility of abuse and removes, from a psychological standpoint, an effective support of individual restraint.

For example, so long as this society (not only the government, but other institutions and mass advertising as well) in effect approved of the use of tobacco, the growing medical consensus about the dangers of excessive use did not make a significant impression on individual judgment. With the Surgeon General's Report on Tobacco in 1964, *Smoking and Health*, a very real change has occurred in the way society now thinks about cigarettes.

The institutions of society definitely add their influences to the variety of social pressures which persuade individuals to use any kind of drugs. Rational social policy should seek to minimize such social pressures, whether they come from peers, from the media, from social custom or from the user's sense of inadequacy. Official approval would inevitably encourage some people to use the drug who would not otherwise do so, and would also increase the incidence of heavy or otherwise irresponsible use and its complications. On this basis we reject policy option number one, approval of use.

ELIMINATION OF USE

For a half-century, official social policy has been not only to discourage use but to eliminate it (option number two). With the principal responsibility for this policy assigned to law enforcement, its implementation reached its zenith in the late 1950's and early 1960's when marihuana-related offenses were punishable by long periods of incarceration. This policy grew out of a distorted and greatly exaggerated concept of the drug's ordinary effects upon the individual and the society. On the basis of information then available, marihuana was not adequately distinguished from other problem drugs and was assumed to be as harmful as the others.

The increased incidence of use, intensive scientific reevaluation, and the spread of use to the middle and upper socioeconomic groups have brought about the informal adoption of a modified social policy. On the basis of our opinion surveys and our empirical studies of law enforcement behavior, we are convinced that officialdom and the public are no longer as punitive toward marihuana use as they once were.

Now there exists a more realistic estimate of the actual social impact of marihuana use. School and university administrators are seldom able to prevent the use of marihuana by their students and personnel and are increasingly reluctant to take disciplinary action against users. Within the criminal justice system, there has been a marked decline in the severity of the response to offenders charged with possession of marihuana.

In our survey of state enforcement activities, only 11% of all marihuana arrests resulted from active investigative activity, and most of those were in sale situations. For the most part, marihuana enforcement is a haphazard process; arrests occur on the street, in a park, in a car or as a result of a phone call. Among those arrested, approximately 50% of the adults and 70% of the juveniles are not processed through the system; their cases are dismissed by the police, by the prosecutors or by the courts. Ultimately less than 6% of all those apprehended are incarcerated, and very few of these sentences are for possession of small amounts for personal use.

In the law enforcement community, the major concern is no longer marihuana but the tendency of some users to engage in other irresponsible activity, particularly the use of more dangerous drugs. Official sentiment now seems to be a desire to contain use of the drug as well as the drug subculture, and to minimize its spread to the rest of the youth population. Law enforcement policy, both at the federal and state levels, implicitly recognizes that elimination is impossible at this time.

The active attempt to suppress all marihuana use has been replaced by an effort to keep it within reasonable bounds. Yet because this policy still reflects a view that marihuana smoking is itself destructive enough to justify punitive action against the user, we believe it is an inappropriate social response.

Marihuana's relative potential for harm to the vast majority of individual users and its actual impact on society does not justify a social policy designed to seek out and firmly punish those who use it. This judgment is based on prevalent use patterns, on behavior exhibited by the vast majority of users and on our interpretations of existing medical and scientific data. This position also is consistent with the estimate by law enforcement personnel that the elimination of use is unattainable.

In the case of experimental or intermittent use of marihuana, there is room for individual judgment. Some members of our society believe the decision to use marihuana is an immoral decision. However, even during Prohibition, when many people were concerned about the evils associated with excessive use of alcohol, possession for personal use was never outlawed federally and was made illegal in only five states.

Indeed, we suspect that the moral contempt in which some of our citizens hold the marihuana user is related to other behavior or other attitudes assumed to be associated with use of the drug. All of our data suggest that the moral views of the overwhelming majority of marihuana users are in general accord with those of the larger society.

Having previously rejected the approval policy (option number one), we now reject the eliminationist policy (option number two). This policy, if taken seriously, would require a great increase in manpower and resources in order to eliminate the use of a drug which simply does not warrant that kind of attention.

DISCOURAGEMENT OR NEUTRALITY

The unresolved question is whether society should try to dissuade its members from using marihuana or should defer entirely to individual judgment in the matter, remaining benignly neutral. We must choose between policies of discouragement (number three) and neutrality (number four). This choice is a difficult one and forces us to consider the limitations of our knowledge and the dynamics of social change. A number of considerations, none of which is conclusive by itself, point at the present time toward a discouragement policy. We will discuss each one of them separately.

1. User Preference Is Still Ambiguous

Alcohol and tobacco have long been desired by large numbers within our society and their use is deeply ingrained in the American culture. Marihuana, on the other hand, has only recently achieved a significant foothold in the American experience, and it is still essentially used more by young people. Again, the unknown factor here is whether the sudden attraction to marihuana derives from its psychoactive virtues or from its symbolic status.

Throughout this Commission's deliberations there was a recurring awareness of the possibility that marihuana use may be a fad which, if not institutionalized, will recede substantially in time. Present data suggest that this is the case, and we do not hesitate to say that we would prefer that outcome. To the extent that conditions permit, society is well advised to minimize the number of drugs which may cause significant problems. By focusing our attention on fewer rather than more drugs, we may be better able to foster responsible use and diminish the consequences of irresponsible use.

The more prudent course seems to be to retain a social policy opposed to use, attempting to discourage use while at the same time seeking to deemphasize the issue. Such a policy leaves us with more options available when more definitive knowledge of the consequences of heavy and prolonged marihuana use becomes available.

2. Continuing Scientific Uncertainty Precludes Finality

In 1933 when Prohibition was repealed, society was cognizant of the effects of alcohol as a drug and the adverse consequences of abuse. But, because so many people wished to use the drug, policy-makers chose to run the risk of individual indiscretion and decided to abandon the abstentionist policy. There are many today who feel that if the social impact of alcohol use had then been more fully understood, a policy of discouragement rather than neutrality would have been adopted to minimize the negative aspects of alcohol use.

Misunderstanding also played an important part when the national government adopted an eliminationist marihuana policy in 1937. The policy-makers knew very little about the effects or social impact of the drug; many of their hypotheses were speculative and, in large measure, incorrect.

Nevertheless, the argument that misinformation in 1937 automatically compels complete reversal of the action taken at that time is neither reasonable nor logical. While continuing concern about the effects of heavy, chronic use is not sufficient reason to maintain an overly harsh public policy, it is still a significant argument for choosing official discouragement in preference to official neutrality.

3. Society's Value System Is in a State of Transition

As discussed in Chapter I, two central influences in contemporary American life are the individual search for meaning within the context of an increasingly depersonalized society, and the collective search for enduring American values. In Chapter IV, we noted that society's present ambivalent response to marihuana use reflects these uncertainties.

For the reasons discussed in the previous Chapters, a sudden abandonment of an official policy of elimination in favor of one of neutrality toward marihuana would have a profound reverberating impact on social attitudes far beyond the one issue of marihuana use. We believe that society must have time to consider its image of the future. We believe that adoption of a discouragement policy toward marihuana at this time would facilitate such a reappraisal while official neutrality, under present circumstances, would impede it.

4. Public Opinion Presently Opposes Marihuana Use

For whatever reasons, a substantial majority of the American public opposes the use of marihuana, and would prefer that their fellow citizens abstain from using it. In the National Survey, 64% of the adult public agreed with the statement that "using marihuana is morally offensive" (40% felt the same way about alcohol).

Although this majority opinion is not by any means conclusive, it cannot be ignored. We are well aware of the skepticism with which the marihuana user, and those sympathetic to their wishes, view the policy-making process; and we are particularly concerned about the indifference to or disrespect for law manifested by many citizens and particularly the youth.

However, we are also apprehensive about the impact of a major change in social policy on that larger segment of our population which supports the implications of the existing social policy. They, too, might lose respect for a policy-making establishment which appeared to bend so easily to the wishes of a "lawless" and highly vocal minority.

This concern for minimizing cultural dislocation must, of course, be weighed against the relative importance of contrary arguments. For example, in the case of desegregation in the South, and now in the North, culture shock had to be accepted in the light of the fundamental precept at issue. In the case of marihuana, there is no fundamental principle supporting the use of the drug, and society is not compelled to approve or be neutral toward it. The opinion of the majority is entitled to greater weight.

Looking again to the experience with Prohibition, when an abstentionist policy for alcohol was adopted on the national level in 1918, its proponents were not blind to the vociferous opposition of a substantial minority of the people. By the late 1920's and early 1930's, the ambivalence of public opinion toward alcohol use and the unwillingness of large numbers of people to comply with the new social policy compelled reversal of that policy. Even many of its former supporters acknowledged its futility.

With marihuana, however, the prevailing policy of eliminating use had never been opposed to any significant degree until the mid-1960's. Unlike the prohibition of alcohol, which had been the subject of public debate off and on for 60 years before it was adopted, present marihuana policy has not until now engaged the public opinion process, some 50 years after it first began to be used. Majority sentiment does not appear to be as flexible as it was with alcohol.

5. Neutrality Is Not Philosophically Compelled

Much of what was stated above bespeaks an acute awareness by the Commission of the subtleties of the collective consciousness of the American people, as shown in the National Survey. There is a legitimate concern about what the majority of the non-using population thinks about marihuana use and what the drug represents in the public mind. The question is appropriately asked if we are suggesting that the majority in a free society may impose its will on an unwilling minority even though, as it is claimed, uncertainty, speculation, and a large degree of misinformation form the basis of the predominant opinion. If we have nothing more substantial than this, the argument goes, society should remain neutral.

To deal with this contention, one must distinguish between ends and means. Policy-makers must choose their objectives with a sensitivity toward the entire social fabric and a vision of the good society. In such a decision, the general public attitude is a significant consideration. The preferred outcome in a democratic society cannot be that of the policy-makers alone; it must be that of an informed public. Accordingly, the policy-maker must consider the dynamic relationship between perception and reality in the public mind. Is the public consensus based on a real awareness of the facts? Does the public really understand what is at stake? Given the best evidence available, would the public consensus remain the same?

Assuming that dominant opinion opposes marihuana use, the philosophical issue is raised not by the goal but by how it is implemented. At this point, the interests of the unwilling become important. For example, the family unit and the institution of marriage are preferred means of group-living and child-rearing in our society. As a society, we are not neutral. We officially encourage matrimony by giving married couples favorable tax treatment; but we do not compel people to get married. If it should become public policy to try to reduce the birth rate, it is unlikely that there will be laws to punish those who exceed the preferred family size, although we may again utilize disincentives through the tax system. Similarly, this Commission believes society should continue actively to discourage people from using marihuana, and any philosophical limitation is relevant to the means employed, not to the goal itself.

FOR THESE REASONS, WE RECOMMEND TO THE PUBLIC AND ITS POLICY-MAKERS A SOCIAL CONTROL POLICY SEEKING TO DISCOURAGE MARIHUANA USE, WHILE CONCENTRATING PRIMARILY ON THE PREVENTION OF HEAVY AND VERY HEAVY USE.

We emphasize that this is a policy for today and the immediate future; we do not presume to suggest that this policy embodies eternal truth. Accordingly, we strongly recommend that our successor policy-planners, at an appropriate time in the future, review the following factors to determine whether an altered social policy is in order: the state of public opinion, the extent to which members of the society continue to use the drug, the developing scientific knowledge about the effects and social impact of use of the drug, and the evolving social attitude toward the place of recreation and leisure in a work-oriented society. In our second Report next year, we will carefully review our findings to see if our perceptions have changed or if society has changed at that time.

Implementing the Discouragement Policy

Choice of this social control policy does not automatically dictate any particular legal implementation. As we noted in Chapter I, there is a disturbing tendency among participants in the marihuana debate to assume that a given statement of the drug's effects, its number of users or its social impact compels a particular statutory scheme.

Law does not operate in a social vacuum, and it is only *one* of the institutional mechanisms which society can utilize to implement its policies. Consequently, the evaluation of alternative legal approaches demands not only logic but also a delicate assessment of the mutual relationship between the law and other institutions of social control, such as the church, the family and the school.

THE ROLE OF LAW IN EFFECTIVE SOCIAL CONTROL

Social control is most effectively guaranteed by the exercise of individual self-discipline. Elementary social psychology teaches us that restraint generated within is infinitely more effective and tenacious than restraint imposed from without.

One of the participants at our "Central Influences" Seminar observed:

> When people grow up into a society, the principal aim is to internalize drives—that is, I assume they come up with certain drives which can be satisfied in many ways and you're trying to internalize ways of satisfying those drives which will be compatible with life in a community and also satisfying to the individual. The external restraints can only complement this, they cannot possibly substitute for it.

The supplemental effect of external restraints, particularly legal restraints, must also be weighed against the nature of the control sought. It was put this way at our Seminar:

> Think of the social welfare function as a mountain—the hill of the Lords really. Large parts of it are something of a plateau; that is you can be all sorts of places on it and be safe. You don't have to maximize. This is an economist's fallacy. You can have all sorts of variations, you can be Socialists, Capitalists, Mormons, Adventists and get away with it—even Liberals. But there are cliffs, and you can fall off of them. This is what we are worrying about today. We are nervous about these cliffs.
>
> The "no-no's"—as the kids call them—are the fences on these cliffs. That is, we have set up taboos and say there's a cliff there. Now one of the problems socially is that we set up "no-no's" where there are no cliffs. There are no cliffs and people jump over these [fences] and they say, "No cliffs! See no cliffs!" [Then, over other fences—and] chop-chop-chop-crash! See, it's just as dangerous to set up fences without any cliffs as not have fences where there are cliffs.

To this functional consideration of external restraint, we must also add the philosophical faith in the responsible exercise of individual judgment which is the essence of a free society. To illustrate, a preference for individual productivity underlies this society's opposition to indiscriminate drug use; the fact that so few of the 24 million Americans who have tried marihuana use it, or have used it, irresponsibly, testifies to the extent to which they have internalized that value.

The hypothesis that widespread irresponsiblity would attend freer availability of marihuana suggests not that a restrictive policy is in order but rather that a basic premise of our free society is in doubt. We note that the escalation thesis, used as an argument *against* marihuana rather than as a tool for understanding individual behavior, is really a manifestation of skepticism about individual vulnerabilities. For example, one-half of the public agreed with the statement that "if marihuana were made legal, it would make drug addicts out of ordinary people."

At the same time, we do feel that the threat of excessive use is most potent with the young. In fact, we think *all* drug use should continue to be discouraged among the young, because of possible adverse effects on psychological development and because of the lesser ability of this part of the population to discriminate between limited and excessive use.

Social policy implementation in this regard is extraordinarily difficult. For example, although existing social policies toward tobacco, alcohol and marihuana alike oppose their use by the young, those policies are far from being fully effective. For example:

Tobacco

The National Survey (1971) indicates that of young people age 12-to-17,

- 50% have smoked at one time or another;
- 15% smoke now; and
- At least 8% smoke at least a half a pack a day.

In a 1970 sample of smoking habits in the 12-to-18 population conducted for the National Clearinghouse for Smoking and Health, it was found that:

- 18.5% of the boys and 11.9% of the girls were regular smokers; and
- About 8% of the boys and 5% of the girls smoked more than a half a pack a day.

Alcohol

The National Survey also ascertained the drinking pattern during the previous month of young people aged 12-to-17, finding that:

- At least 23% had used beer during that month, at least 14% had used wine and at least 12% had used hard liquor; and
- 6% had used beer five or more days during the month, 3% had used wine five or more days, and 3% had used hard liquor five or more days.

Marihuana

Of the 12-to-17 population, the Survey found that:

- 15% of this population had tried marihuana;
- At least 6% still use it; and
- Less than 1% use it once a day or more.

The inclination of so many young people to experiment with drugs is a reflection of a so-called successful socialization process on one hand, and of society's ambivalence to the use of drugs on the other. This entire matter will occupy much of our attention in the coming year, but it is essential that we make a few anticipatory comments now.

This nation tries very hard to instill in its children independence, curiosity and a healthy self-assurance. These qualities guarantee a dynamic, progressive society. Where drugs are concerned, however, we have relied generally on authoritarianism and on obedience. Drug education has generally been characterized by overemphasis of scare tactics. Some segments of the population have been reluctant to inform for fear of arousing curiosity in young minds. Where drugs are concerned, young people are simply supposed to nod and obey.

This society has always been and continues to be ambivalent about the non-medical (in the strict sense) use of drugs. And this ambivalence does not escape our children. If we can come to grips with this issue, we might convince our youth that the curiosity that is encouraged in other aspects of our culture is undesirable where drugs are concerned.

The law is at best a highly imperfect reflection of drug policy. The laws proscribing sale of tobacco to minors are largely ignored. Prohibitions of sale of alcohol to minors are enforced sporadically. As to marihuana, there are areas throughout this nation where possession laws are not enforced at all. In other sections, such proscriptions are strictly enforced, with no apparent decrease in marihuana use.

As a guiding doctrine for parents and children, the law is certainly confusing when it imposes widely varying punishments in different states, and even in different courts of the same state, all for use of the same substance, marihuana. That marihuana use can be treated as a petty offense in one state and a felony in another is illogical and confusing to even the most sincere of parents.

The law is simply too blunt an instrument to manifest the subtle distinctions we draw between the motivations and the circumstances of use. At the same time, legal status carries a certain weight of its own, and other institutions must take account of the law in performing their functions.

In legally implementing our recommended social policy, we seek to maximize the ability of our schools, churches and families to be open and honest in discussing all drugs, including marihuana. The law must assist, not impede. In this respect, we note with concern the counterproductive tendency in our society to seek simple solutions to complex problems. Since the statutory law is a simple tool, the tendency in our society to look to the law for social control is particularly strong.

We have discussed the four basic social policy objectives of elimination, discouragement, neutrality and approval of marihuana use and have selected discouragement of use, with emphasis on prevention of heavy and very heavy use, as our generalized aim. We have considered three legal responses, each with a wide range of alternatives:

1. Total Prohibition.
2. Partial Prohibition.
3. Regulation.

TOTAL PROHIBITION

The distinctive feature of a total prohibition scheme is that all marihuana-related behavior is prohibited by law. Under the total prohibition response now in force in every state and at the federal level, cultivation, importation, sale, gift or other transfer, and possession are all prohibited acts. In 11 states and the District of Columbia, simply being present knowingly in a place where marihuana is present is also prohibited; and many states prohibit the possession of pipes or other smoking paraphernalia. For our purposes, the key feature of the total prohibition approach is that even possession of a small amount in the home for personal use is prohibited by criminal law.

From the very inception of marihuana control legislation, this nation has utilized a policy of a total prohibition, far more comprehensive than the restrictions established during the prohibition of alcohol.

Until recent years, society was operating under an eliminationist policy. The exaggerated beliefs about the drug's effects, social impact and user population virtually dictated this legal approach. During this entire period, total prohibition was sought through the use of heavier and heavier penalties until even first-time possession was a felony in every jurisdiction, and second possession offenses generally received a mandatory minimum sentence without parole or probation. Yet the last few years have seen society little by little abandoning the eliminationist policy in favor of a containment policy.

Under the total prohibition umbrella, this containment policy has been implemented by a unique patchwork of legislation, informal prosecutorial policy and judicial practice. Possession is now almost everywhere a misdemeanor. Although some term of incarceration remains as a penalty for possessors, it is generally not meted out to young first offenders or to possessors of small amounts. Instead, most such offenders are dismissed or informally diverted to agencies outside the criminal system by those within the system who are trying to help them avoid the stigma of a criminal record.

Offenders who are processed within the criminal justice system generally receive fines and/or probation. In many jurisdictions, enforcement officials make little or no effort to enforce possession proscriptions, concentrating instead on major trafficking. Possessors are generally arrested only when they are indiscreet or when marihuana is found incident to questioning or apprehension resulting from some other violation. From our surveys, state and federal, we have found that only minimal effort is made to investigate marihuana possession cases.

Such a tendency is a reflection of the adoption of a containment policy. By acting only when marihuana appears above ground, enforcement officials are helping to keep its use underground. The shift away from the elimination policy has been matched by a similar shift in legal implementation, but the distinctive feature of the total prohibition scheme still remains: all marihuana-related behavior, including possession for personal use within the home, is prohibited by criminal law.

Is such a response an appropriate technique for achieving the social control policy we outlined above? The key question for our purposes is whether total criminal prohibition is the most suitable or effective way to discourage use and whether it facilitates or inhibits a concentration on the reduction and treatment of irresponsible use. We are convinced that total prohibition frustrates both of these objectives for the following reasons.

1. Application of the Criminal Law to Private Possession Is Philosophically Inappropriate

With possession and use of marihuana, we are dealing with a form of behavior which occurs generally in private where a person possesses the drug for his own use. The social impact of this conduct is indirect, arising primarily in cases of heavy or otherwise irresponsible use and from the drug's symbolic aspects. We do not take the absolutist position that society is philosophically forbidden from criminalizing any kind of "private" behavior. The phrase "victimless crimes," like "public health hazard," has become a rhetorical excuse for avoiding basic social policy issues. We have chosen a discouragement policy on the basis of our evaluation of the actual and potential individual and social impact of marihuana use. Only now that we have done so can we accord appropriate weight to the nation's philosophical preference for individual privacy.

On the basis of this evaluation we believe that the criminal law is too harsh a tool to apply to personal possession even in the effort to discourage use. It implies an overwhelming indictment of the behavior which we believe is not appropriate. The actual and potential harm of use of the drug is not great enough to justify intrusion by the criminal law into private behavior, a step which our society takes only with the greatest reluctance.

2. *Application of the Criminal Law Is Constitutionally Suspect*

The preference for individual privacy reflected in the debate over the philosophical limitations on the criminal law is also manifested in our constitutional jurisprudence. Although no court, to our knowledge, has held that government may not prohibit private possession of marihuana, two overlapping constitutional traditions do have important public policy implications in this area.

The first revolves around the concept that in a free society, the legislature may act only for public purposes. The "police powers" of the states extend only to the "public health, safety and morals." In the period of our history when the people most feared interference with their rights by the government, it was generally accepted that this broad power had an inherent limitation. For example, early prohibitions of alcohol possession were declared unconstitutional on the basis of reasoning such as that employed by the Supreme Court of Kentucky in 1915 in the case of *Commonwealth v. Campbell:*

> It is not within the competency of government to invade the privacy of the citizen's life and to regulate his conduct in matters in which he alone is concerned, or to prohibit him any liberty the exercise of which will not directly injure society.

Noting that the defendant was "not charged with having the liquor in his possession for the purpose of selling it, or even giving it to another," and that "ownership and possession cannot be denied when that ownership and possession is not in itself injurious to the public," the Kentucky court concluded that:

> The right to use liquor for one's own comfort, if they use it without direct injury to the public, is one of the citizen's natural and inalienable rights. . . . We hold that the police power—vague and wide and undefined as it is—has limits. . . .

Even the perceived dangers of opium were not enough to convince some members of the judiciary that the government could prohibit possession. It is historically instructive to consider these words, penned in 1890, by Judge Scott in *Ah Lim v. Territory:*

> I make no question but that the habit of smoking opium may be repulsive and degrading. That its effect would be to shatter the nerves and destroy the intellect; and that it may tend to the increase of the pauperism and crime. But there is a vast difference between the commission of a single act, and a confirmed habit. There is a distinction to be recognized between the use and abuse of any article or substance. . . . If this act must be held valid it is hard to conceive of any legislative action affecting the personal conduct, or privileges of the individual citizen, that must not be upheld. . . . The prohibited act cannot affect the public in any way except through the primary personal injury to the individual, if it occasions him any injury. It looks like a new and extreme step under our government in the field of legislation, if it really was passed for any of the purposes upon which that character of legislation can be sustained, if at all.

As a matter of constitutional history, a second tradition, the application of specific provisions in the Bill of Rights, has generally replaced the notion of "inherent" limitations. The ultimate effect is virtually the same, however. The Fourth Amendment's proscription of "unreasonable searches and seizures" reflects a constitutional commitment to the value of individual privacy. The importance of the Fourth Amendment to the entire constitutional scheme was eloquently described by Justice Brandeis in 1928 in the case of *Olmstead v. U.S.:*

> The makers of our Constitution undertook to secure conditions favorable to the pursuit of happiness. They recognized the significance of man's spiritual nature, of his feelings and his intellect. They knew that only a part of the pain, pleasure and satisfaction of life are to be found in material things. They sought to protect Americans in their beliefs, their thoughts, their emotions and their sensations. They conferred, as against the Government, the right to be let alone—the most comprehensive of rights and the right most valued by civilized men.

Although the Fourth Amendment is itself a procedural protection, the value of privacy which it crystallizes is often read in conjunction with other important values to set substantive limits on legislative power. The Supreme Court, in the case of *Griswold v. Connecticut,* held in 1965 that Connecticut could not constitutionally prohibit the use of birth control devices by married persons. Although the Justices did not agree completely on the reasons for their decision, Justice Douglas stated in the opinion of the Court:

> The present case, then, concerns a relationship lying within the zone of privacy created by several fundamental constitutional guarantees. And it concerns a law which, in forbidding the use of contraceptives rather than regulating their manufacture or sale, seeks to achieve its goals by means of having a maximum destructive impact upon that relationship. Such a law cannot stand in light of the familiar principle, so often applied by this Court, that a "governmental purpose to control or prevent activities constitutionally subject to state regulation may not be achieved by means which sweep unnecessarily broadly and thereby invade the area of protected freedom." (citation omitted) Would we allow the police to search the sacred precincts of marital bedrooms for telltale signs of the use of contraceptives? The very idea is repulsive to the notions of privacy surrounding the marriage relationship.

Four years later, the Supreme Court, in *Stanley v. Georgia,* held that even though obscenity is not "speech" protected by the First Amendment, a state cannot constitutionally make private possession of obscene material a crime. The Court's reasoning is revealed in the following language:

> [The] right to receive information and ideas, regardless of their social worth (citation omitted), is fundamental to our free society. Moreover, in the context of this case—a prosecution for mere possession of printed or filmed matter in the privacy of a person's own home—that right takes on an added dimension. For also fundamental is the right to be free, except in very limited circumstances, from unwanted governmental intrusions into one's privacy . . .

While the judiciary is the governmental institution most directly concerned with the protection of individual liberties, all policy-makers have a responsibility to consider our constitutional heritage when framing public policy. Regardless of whether or not the courts would overturn a prohibition of possession of marihuana for personal use in the home, we are necessarily influenced by the high place traditionally occupied by the value of privacy in our constitutional scheme.

Accordingly, we believe that government must show a compelling reason to justify invasion of the home in order to prevent personal use of marihuana. We find little in marihuana's effects or in its social impact to support such a determination. Legislators enacting Prohibition did not find such a compelling reason 40 years ago; and we do not find the situation any more compelling for marihuana today.

3. *Total Prohibition Is Functionally Inappropriate*

Apart from the philosophical and constitutional constraints outlined above, a total prohibition scheme carries with it significant institutional costs. Yet it contributes very little to the achievement of our social policy. In some ways it actually inhibits the success of that policy.

The primary goals of a prudent marihuana social control policy include preventing irresponsible use of the drug, attending to the consequences of such use, and deemphasizing use in general. Yet an absolute prohibition of possession and use inhibits the ability of other institutions to contribute actively to these objectives. For example, the possibility of criminal prosecution deters users who are experiencing medical problems from seeking assistance for fear of bringing attention to themselves. In addition, the illegality of possession and use creates difficulties in achieving an open, honest educational program, both in the schools and in the home.

In terms of the social policy objective of discouraging use of the drug, the legal system can assist that objective in three ways: first, by deterring people from use; second, by symbolizing social opposition to use; and finally, by cutting off supply of the drug.

The present illegal status of possession has not discouraged an estimated 24 million people from trying marihuana or an estimated eight million from continuing to use it. Our survey of the country's state prosecuting attorneys shows that 53% of them do not believe that the law has more than a minimal deterrent effect in this regard. Moreover, if the present trend toward passive enforcement of the marihuana law continues, the law ultimately will deter only indiscreet use, a result achieved as well by a partial prohibition scheme and with a great deal more honesty and fairness.

A major attraction of the law has been its symbolic value. Yet, society can symbolize its desire to discourage marihuana use in many other, less restrictive ways. The warning labels on cigarette packages serve this purpose, illustrating that even a regulatory scheme could serve a discouragement policy. During Prohibition, the chosen statutory implementation symbolized society's opposition to the use of intoxicating beverages; yet, most jurisdictions did not think it necessary to superimpose a proscription of possession for personal use in the home.

Finally, prohibiting possession for personal use has no substantive relation to interdicting supply. A possession penalty may make enforcement of proscriptions against sale a little easier, but we believe this benefit is of minimal importance in light of its costs.

The law enforcement goal repeatedly stated at both the federal and state levels has been the elimination of supply and the interdiction of trafficking. These avowed aims of law enforcement make sense, since they are the most profitable means of employing its manpower and resources in this area.

Indeed, the time consumed in arresting possessors is inefficiently used when contrasted with an equal amount of time invested in apprehending major dealers. Although a credible effort to eliminate supply requires prohibitions of importation, sale and possession-with-intent-to-sell, the enforcement of a proscription of possession for personal use is minimally productive.

As noted, most law enforcement officials, district attorneys and judges recognize the ineffectiveness of the possession penalty as a deterrent. Its perpetuation results in the making of what is commonly referred to as "cheap" cases that have little or no impact on deterring sale.

The marihuana supply system can be viewed as a pyramid with the major bulk of marihuana entering the system at the top of the pyramid and then descending to the base which represents the user population. Common sense dictates where law enforcement should devote its efforts. To remove the profit from the traffic requires arresting sellers, not users. The oft-heard argument that the police need possession penalties to compel users to reveal their sources is not convincing. "Turning informants" at the base of the pyramid is of marginal value and limited utility in reaching upwards toward the apex. Further, the National Survey showed that 60% of the users don't "buy" marihuana but get it from a friend. The volume of traffic in the drug at these levels is at best minimal.

In short, personal possession arrests and even casual sales, which now account for more than 95% of the marihuana arrests at the state and local level, occur too low in the chain of distribution to diminish the supply very effectively.

In addition to the misallocation of enforcement resources, another consequence of prohibition against possession for personal use is the social cost of criminalizing large numbers of users. Our empirical study of enforcement of state and federal marihuana laws indicates that almost all of those arrested are between the ages of 18 and 25, most have jobs or are in school, and most have had no prior contact with the criminal justice system. The high social cost of stigmatizing such persons as criminals is now generally acknowledged by the public at large as well as by those in the criminal justice system.

According to the National Survey, 53% of the public was unwilling to give young users a criminal record and 87% objected to putting them in jail. The nation's judges expressed an overwhelming disinclination to sentence and convict users for marihuana possession. Of these judges only 13% thought it was appropriate to incarcerate an adult for possession and only 4% would jail a juvenile for marihuana possession. This disinclination is reflected in the low percentage of arrested users who are convicted, and the even lower percentage who are jailed.

Even among the nation's prosecutors, a substantial majority favor the present trend toward avoiding incarceration for first offenders. Most jurisdictions have devised informal procedures for disposing of cases in lieu of prosecution. Our empirical study shows that 48% of the adult cases, and 70% of the juvenile cases, were dropped from the system at some point between arrest and conviction. The picture displayed is one of a large expenditure of police manpower to enforce a law most participants further along the line are not anxious to apply.

Other disturbing consequences of laws proscribing possession for personal use are the techniques required to enforce them. Possession of marihuana is generally a private behavior; in order to find it, the police many times must operate on the edge of constitutional limitations. Arrests without probable cause, illegal searches and selective enforcement occur often enough to arouse concern about the integrity of the criminal process.

Yet another consequence of marihuana possession laws is the clogging of judicial calendars. President Nixon has noted that one of the major impediments to our nation's efforts to combat serious crimes is the fact that the judicial machinery moves so slowly. Swift arrests, prosecution, trial and sentence would significantly improve the deterrent effect of law. Yet the judicial system is overloaded with petty cases, with public drunkenness accounting for about 50% of all non-traffic offenses.

In his March 1971 address to the National Conference on the Judiciary, President Nixon said:

> What can be done to break the logjam of justice today, to ensure the right to a speedy trial—and to enhance

> respect for law? We have to find ways to clear the courts of the endless stream of "victimless crimes" that get in the way of serious consideration of serious crimes. There are more important matters for highly skilled judges and prosecutors than minor traffic offenses, loitering and drunkenness.

To this list we would add marihuana possession, which accounts for a rising percentage of judicial caseloads. In Chicago alone, during the last half of 1970, there were more than 4,000 possession arrests.

A final cost of the possession laws is the disrespect which the laws and their enforcement engender in the young. Our youth cannot understand why society chooses to criminalize a behavior with so little visible ill-effect or adverse social impact, particularly when so many members of the law enforcement community also question the same laws. These young people have jumped the fence and found no cliff. And the disrespect for the possession laws fosters a disrespect for all law and the system in general.

On top of all this is the distinct impression among the youth that some police may use the marihuana laws to arrest people they don't like for other reasons, whether it be their politics, their hair style or their ethnic background. Whether or not such selectivity actually exists, it is perceived to exist.

For all these reasons, we believe that the possession offense is of little functional benefit to the discouragement policy and carries heavy social costs, not the least of which is disrespect and cynicism among some of the young. Accordingly, even under our policy of discouraging marihuana use, the better method is persuasion rather than prosecution. Additionally, with the sale and use of more hazardous drugs on the increase, and crimes of violence escalating, we do not believe that the criminal justice system can afford the time and the costs of implementing the marihuana possession laws. Since these laws are not mandatory in terms of achieving the discouragement policy, law enforcement should be allowed to do the job it is best able to do: handling supply and distribution.

A criminal fine or similar penalty for possession has been suggested as a means of alleviating some of the more glaring costs of a total prohibitory approach yet still retaining the symbolic disapproval of the criminal law.

However, most of the objections raised above would still pertain: the possibilities of invasion of personal privacy and selective enforcement of the law would continue; possessors would still be stigmatized as criminals, incurring the economic and social consequences of involvement with the criminal law; the symbolic status of marihuana smoking as an anti-establishment act would be perpetuated.

On the other hand, a fine most likely would deter use no more than does the present possibility of incarceration. It would continue to impede treatment for heavy and very heavy use and would persist in directing law enforcement away from the policy's essential aim which is to halt illegal traffic in the drug.

For all these reasons, we reject the total prohibition approach and its variations.

REGULATION

Another general technique for implementing the recommended social policy is regulation. The distinguishing feature of this technique is that it institutionalizes the availability of the drug. By establishing a legitimate channel of supply and distribution, society can theoretically control the quality and potency of the product. The major alternatives within this approach lie in the variety of restraints which can be imposed on consumption of the drug and on the informational requirements to which its distribution can be subject.

We have given serious consideration to this set of alternatives; however, we are unanimously of the opinion that such a scheme, no matter how tightly it might restrict consumption, is presently unacceptable.

1. Adoption of a Regulatory Scheme at This Time Would Inevitably Signify Approval of Use

In rejecting the total prohibition approach, we emphasized the symbolic aspects. In essence, we do not believe prohibition of possession for personal use is necessary to symbolize a social policy disapproving the use. Theoretically, a tightly controlled regulatory scheme, with limited distribution outlets, significant restraints on consumption, prohibition of advertising and compulsory labeling, could possibly symbolize such disapproval. Our regulatory policy toward tobacco is beginning slowly to reflect a disapproval policy toward cigarette smoking. Nonetheless, given the social and historical context of such a major shift in legal policy toward marihuana, we are certain that such a change would instead symbolize approval of use, or at least a position of neutrality.

The Commission is concerned that even neutrality toward use as a matter of policy could invest an otherwise transient phenomenon with the status of an accepted behavior. If marihuana smoking were an already ingrained part of our culture, this objection would be dispelled. However, we do not believe that this is the case. We are inclined to believe, instead, that the present interest in marihuana is transient and will diminish in time of its own accord once the major symoblic aspects of use are deemphasized, leaving among our population only a relatively small coterie of users. With this possibility in mind, we are hesitant to adopt either a policy of neutrality or a regulatory implementation of our discouragement policy. The law would inevitably lose its discouragement character and would become even more ambiguous in its rationale and its enforcement.

The effect of changing a social policy direction may be seen with tobacco policy. In recent years, society has ostensibly adopted a policy of discouraging cigarette smoking. This new policy has been implemented primarily in the information area through prohibition of some forms of advertising and through compulsory labeling. Yet, the volume of cigarettes used increased last year. We believe that the failure of the new policy results from the fact that it supplants one that formerly approved use. This set of circumstances argues against any policy which would be regarded as approval of use, including a regulatory scheme. It is always extremely difficult to transform a previously acceptable behavior into a disapproved behavior.

2. Adoption of a Regulatory Scheme Might Generate a Significant Public Health Problem

We noted above that institutionalizing availability of the drug would inevitably increase the incidence of use, even though that incidence might otherwise decrease. Of greater concern is the prospect that a larger incidence of use would result in a larger incidence of long-term heavy and very heavy use of potent preparations.

There are now approximately 500,000 heavy users of less potent preparations in this country, representing about 2% of those who ever tried the drug. Even if the prevalence of heavy use remained the same in relation to those who ever used, this at-risk population would inevitably increase under a regulatory scheme. If the emotional disturbances found in very heavy hashish users in other countries were to occur in this country, the adverse social impact of marihuana use, now slight, would increase substantially.

We have acknowledged that society, nonetheless, chose to run such a risk in 1933, when Prohibition was repealed. But alcohol use was already well-established in this society, and no alternative remained other than a regulatory approach. In light of our suspicion that interest in marihuana is largely transient, it would be imprudent to run that risk for marihuana today.

3. Adoption of a Regulatory Scheme Would Exacerbate Social Conflict and Frustrate a Deemphasis Policy

A significant segment of the public on both sides of the issue views marihuana and its "legalization" in a highly symbolic way. Any attempt to adopt a regulatory approach now would be counterproductive in this respect. The collision of values resulting from such a dramatic shift of policy would maintain the debate at a highly emotional level and would perpetuate the tendency to perceive marihuana use as a symbol of the struggle between two conflicting philosophies.

4. Not Enough Is Known About Regulatory Models in This Area

Advocates of legalization of marihuana are often inclined to propose a licensing scheme or an "alcohol model" without offering a specific program of regulation taking all the variables into account. Responsible policy planning cannot be so cursory. Consequently, we have given serious study to the many issues presented by such a scheme and to the nation's experience with other drug licensing schemes. On the basis of our inquiry, we are convinced that such a step should not be taken unless a realistic assessment of the efficacy of existing schemes and their potential application to marihuana indicates it would be successful. Such an assessment raises a number of disturbing questions.

The regulatory approaches which this nation has used in the cases of alcohol and tobacco have failed to accomplish two of their most important objectives: the minimization of excessive use and the limitation of accessibility to the young. Despite the warning and restraints on distribution and consumption, more than 50 million Americans smoke cigarettes regularly, and more than nine million Americans are "problem" drinkers. We have previously cited data indicating how many of our children begin habits which have been legally forbidden to them. Since the young user and the chronic user of marihuana are of primary concern to our public health officials, the lack of success with alcohol and tobacco discourages an assumption that the regulation of supply would minimize use by the younger generation.

Another important purpose of a regulatory scheme is to channel the product through a controlled system of supply and distribution. In that way the quality and quantity of the substance can be regulated. The efficacy of such a scheme as applied to marihuana is questionable.

Cannabis can be grown easily almost anywhere in the United States with little or no human assistance. Even if a legitimate source of supply were established, it is likely that many persons would choose to ignore the legitimate source and grow their own, the purity of which would not be in question. If such a practice were illegal, the necessity for a concerted governmental eradication program is raised, which would involve a monumental law enforcement effort. According to the U.S. Department of Agriculture, there are presently an estimated five million acres of wild marihuana growing in this country and an undetermined number of acres under cultivation.

Yet, if such a practice were not forbidden, the revenue-raising, product-control and consumption-restriction features of a regulatory scheme would be threatened. Instructive to note is the fact that intensive regulation of alcoholic beverage production has not eliminated illicit production. During 1970, in fact, 5,228 illegal stills were destroyed by the Alcohol, Tobacco and Firearms Division of the U.S. Treasury and 5,279 persons were arrested. In 1971, 3,327 illegal stills were destroyed and 5,512 persons were arrested.

Another disturbing question is raised by the issue of potency regulation. Most advocates of legalization stipulate potency limitations as one feature of their scheme. Presumably they would limit the THC content of the regulated product. This is not an easy undertaking. Especially when cannabis is so easily grown and a black market is so easily created, we are dubious about the success of a regulatory scheme distributing only a product with low THC content. Again, attention must be paid the prospect of increased hashish use under a regulatory scheme; merely stipulating potency control is not sufficient. As we noted in Chapter II, the heavy, long-term use of hashish is a source of major concern to the Commission from both private and public health standpoints.

These are a few of the problems confronting the policy-maker if he seeks to devise an effective regulatory system of distribution for what is, in fact, a universally common plant. Our doubts about the efficacy of existing regulatory schemes, together with an uncertainty about the permanence of social interest in marihuana and the approval inevitably implied by adoption of such a scheme, all impel us to reject the regulatory approach as an appropriate implementation of a discouragement policy at the present time.

Future policy-planners might well come to a different conclusion if further study of existing schemes suggests a feasible model; if responsible use of the drug does indeed take root in our society; if continuing scientific and medical research uncovers no long-term ill-effects; if potency control appears feasible; and if the passage of time and the adoption of a rational social policy sufficiently desymbolizes marihuana so that availability is not equated in the public mind with approval.

PARTIAL PROHIBITION

The total prohibition scheme was rejected primarily because no sufficiently compelling social reason, predicated on existing knowledge, justifies intrusion by the criminal justice system into the private lives of individuals who use marihuana. The Commission is of the unanimous opinion that marihuana use is not such a grave problem that individuals who smoke marihuana, and possess it for that purpose, should be subject to criminal procedures. On the other hand, we have also rejected the regulatory or legalization scheme because it would institutionalize availability of a drug which has uncertain long-term effects and which may be of transient social interest.

Instead we recommend a partial prohibition scheme which we feel has the following benefits:

- Symbolizing a continuing societal discouragement of use;
- Facilitating the deemphasis of marihuana essential to answering dispassionately so many of the unanswered questions;
- Permitting a simultaneous medical, educational, religious and parental efforts to concentrate on reducing irresponsible use and remedying its consequences;
- Removing the criminal stigma and the threat of incarceration from a widespread behavior (possession for personal use) which does not warrant such treatment;
- Relieving the law enforcement community of the responsibility for enforcing a law of questionable utility, and one which they cannot fully enforce, thereby allowing concentration on drug trafficking and crimes against persons and property;
- Relieving the judicial calendar of a large volume of marihuana possession cases which delay the processing of more serious cases; and
- Maximizing the flexibility of future public responses as new information comes to light.

No major change is required in existing law to achieve all of these benefits. In general, we recommend only a decriminalization of possession of marihuana for personal use on both the state and federal levels. The major features of the recommended scheme are that: production and distribution of the drug would remain criminal activities as would possession with intent to distribute commercially; marihuana would be contraband subject to confiscation in public places; and criminal sanctions would be withdrawn from private use and possession incident to such use, but, at the state level, fines would be imposed for use in public.*

Specifically, we recommend the following statutory schemes.

RECOMMENDATIONS FOR FEDERAL LAW

Under the Comprehensive Drug Abuse Prevention and Control Act of 1970, Congress provided the following scheme with respect to marihuana, by which was meant only the natural plant and its various parts, not the synthetic tetrahydrocannabinol (THC):

- Cultivation, importation and exportation, and sale or distribution for profit of marihuana are all felonies punishable by imprisonment for up to five years for a first offense and by up to 10 years for a second offense (the available penalty is doubled for sale to a minor).
- Possession of marihuana with intent to distribute is a felony punishable by imprisonment for up to five years for the first offense and by up to 10 years for a second offense.
- Possession of marihuana for personal use is a misdemeanor punishable by up to one year in jail and a $1,000 fine for first offense and by up to two years in jail and a $2,000 fine for second offense (expunge-

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* Commissioners Rogers, Congressman from Florida, and Carter, Congressman from Kentucky, agree with the Commission's selection of a discouragement policy and also agree that criminalization and incarceration of individuals for possessing marihuana for their own use is neither necessary nor desirable as a means of implementing that policy.

At the same time, both Commissioners feel that the contraband concept is not a sufficiently strong expression of social disapprobation and would recommend in addition a civil fine for possession of any amount of marihuana in private or in public.

Both Commissioners feel that the civil fine clearly symbolizes societal disapproval and is a simple mechanism for law enforcement authorities to carry out. If a person is found by a law enforcement officer to be in possession of marihuana, the officer would issue such person a summons to appear in court on a fixed day. Although a warrant would not issue for search of a private residence unless there were probable cause to believe a *criminal* offense was being committed, a police officer legitimately present for other reasons could issue a civil summons for violation of the "possession" proscription.

ment of criminal record is available for first offenders).

- Transfer of a small amount of marihuana for no remuneration is a misdemeanor punishable by up to one year in jail and a $1,000 fine for first offense and by up to two years in jail and a $2,000 fine for second offense (Congress singled out marihuana in this way to allow misdemeanor treatment of casual transfers and permitted first offender treatment, as allowed for possession for personal use).

The Commission recommends *only* the following changes in federal law:

- POSSESSION OF MARIHUANA FOR PERSONAL USE WOULD NO LONGER BE AN OFFENSE, BUT MARIHUANA POSSESSED IN PUBLIC WOULD REMAIN CONTRABAND SUBJECT TO SUMMARY SEIZURE AND FORFEITURE.
- CASUAL DISTRIBUTION OF SMALL AMOUNTS OF MARIHUANA FOR NO REMUNERATION, OR INSIGNIFICANT REMUNERATION NOT INVOLVING PROFIT WOULD NO LONGER BE AN OFFENSE.

The Commission further recommends that federal law be supplemented to provide:

- A PLEA OF MARIHUANA INTOXICATION SHALL NOT BE A DEFENSE TO ANY CRIMINAL ACT COMMITTED UNDER ITS INFLUENCE, NOR SHALL PROOF OF SUCH INTOXICATION CONSTITUTE A NEGATION OF SPECIFIC INTENT.

Commissioners Rogers and Carter believe that the legal system must be utilized directly to discourage *the person* from using marihuana rather than being utilized only indirectly as in the case of contraband.

This civil fine would not be reflected in a police record, nor would it be considered a criminal act for purposes of future job consideration, either in the private sector or for government service.

Agreeing with the other Commissioners that the casual transfers of marihuana for no profit should be treated in the same manner as possession for one's own use, Congressmen Rogers and Carter do not agree that it should extend to transfers involving remuneration. They prefer the limiting language of the Comprehensive Drug Abuse

RECOMMENDATIONS FOR STATE LAW

Under existing state marihuana laws, cultivation, distribution and possession with intent to distribute are generally felonies and in most states possession for personal use is a misdemeanor. The Commission strongly recommends uniformity of state laws and, in this regard, endorses the basic premise of the Uniform Controlled Substances Act, drafted by the National Conference of Commissioners on Uniform State Laws. The following are our recommendations for a uniform statutory scheme for marihuana, by which we mean, as under existing federal law, only the natural cannabis plant and its various parts, not the synthetic tetrahydrocannabinol (THC):

Existing Law

- CULTIVATION, SALE OR DISTRIBUTION FOR PROFIT AND POSSESSION WITH INTENT TO SELL WOULD REMAIN FELONIES (ALTHOUGH WE DO RECOMMEND UNIFORM PENALTIES).

Prevention and Control Act of 1970 which does not include the term "or insignificant remuneration not involving a profit."

Apart from the addition of the civil fine to the contraband recommendation in the respects set out above, Congressmen Carter and Rogers are in complete agreement with the statutory recommendations set out in the Report.

Commissioner Ware concurs completely with the statements made by Congressmen Rogers and Carter but wishes to reemphasize that the social policy and legal scheme adopted is applicable only to marihuana and should not be construed to embrace other psychoactive drugs. The policy set forth in this Report, subject to the already noted comments of the two Congressional Commissioners, makes sense for marihuana on the basis of what is known about the drug and in the absence of any conclusive showing which would verify some of the anecdotal law enforcement testimony heard by the Commission regarding criminal behavior exhibited while under the influence of marihuana.

Commissioner Ware feels that some penalty short of criminalizing the user, such as a civil fine or some type of intensive drug education, will act as a positive deterrent toward minimizing the incidence of marihuana use especially among the young. Further, he is opposed to the use of *any* drug for the express purpose of getting intoxicated, and includes alcohol within this category. The Commissioner feels that what is needed is an internalizing of discipline

Private Activities

- POSSESSION IN PRIVATE OF MARIHUANA FOR PERSONAL USE WOULD NO LONGER BE AN OFFENSE.
- DISTRIBUTION IN PRIVATE OF SMALL AMOUNTS OF MARIHUANA FOR NO REMUNERATION OR INSIGNIFICANT REMUNERATION NOT INVOLVING A PROFIT WOULD NO LONGER BE AN OFFENSE.

Public Activities

- POSSESSION IN PUBLIC OF ONE OUNCE OR UNDER OF MARIHUANA WOULD NOT BE AN OFFENSE, BUT THE MARIHUANA WOULD BE CONTRABAND SUBJECT TO SUMMARY SEIZURE AND FORFEITURE.

among our citizenry, with the legal system assisting this process through the use of disincentives.

Commissioners Hughes, Senator from Iowa, and Javits, Senator from New York, feel that the Commission has taken a major, highly laudable step in recommending that the private use of marihuana be taken out of the criminal justice system. They concur in its threshold judgment that overall social policy regarding this drug should seek to discourage use, while concentrating primarily on the prevention of irresponsible use. They disagree, however, with three specific recommendations relating to the implementation of this discouragement policy.

First, they would eliminate entirely the contraband provision from the partial prohibitory model adopted by the Commission. They want it eliminated first because its legal implications are confusing and the subject of disagreement even among lawyers. Whether or not possession of a given substance is criminal, possession of material designated as contraband makes that possession *unlawful*. Also, marihuana designated as contraband would be subject to government search and seizure, even though the underlying possession is no longer criminal. The provision—which does not apply to marihuana held for personal use within the home—is considered by both Commissioners to be an unnecessary "symbol" of the discouragement policy. It will not foster elimination of the misunderstanding and mistrust which is a hallmark of our current marihuana policy.

Commissioners Hughes and Javits seek to eliminate it also because as a practical matter it serves no useful law enforcement purpose within the overall partial prohibitory model. If marihuana held for personal use within the home is not contraband, why should marihuana held for personal use within one's automobile be contraband?

- POSSESSION IN PUBLIC OF MORE THAN ONE OUNCE OF MARIHUANA WOULD BE A CRIMINAL OFFENSE PUNISHABLE BY A FINE OF $100.
- DISTRIBUTION IN PUBLIC OF SMALL AMOUNTS OF MARIHUANA FOR NO REMUNERATION OR INSIGNIFICANT REMUNERATION NOT INVOLVING A PROFIT WOULD BE A CRIMINAL OFFENSE PUNISHABLE BY A FINE OF $100.
- PUBLIC USE OF MARIHUANA WOULD BE A CRIMINAL OFFENSE PUNISHABLE BY A FINE OF $100.
- DISORDERLY CONDUCT ASSOCIATED WITH PUBLIC USE OF OR INTOXICATION BY MARIHUANA WOULD BE A MISDEMEANOR PUNISHABLE BY UP TO 60 DAYS IN JAIL, A FINE OF $100, OR BOTH.
- OPERATING A VEHICLE OR DANGEROUS INSTRUMENT WHILE UNDER THE INFLUENCE OF MARIHUANA WOULD BE A MISDEMEANOR PUNISHABLE BY UP TO ONE YEAR IN JAIL, A FINE OF UP TO $1,000, OR BOTH, AND SUSPENSION OF A PERMIT TO OPERATE SUCH A VEHICLE OR INSTRUMENT FOR UP TO 180 DAYS.

The area of operation of the contraband provision is extremely narrow. If one possesses *more* than one ounce of marihuana in public, it may be seized without regard to the contraband doctrine since such possession is a criminal violation.

Since the contraband provision does not apply to marihuana possession and use in private, the only effective area covered by the contraband provision is the area of possession in public of *less* than one ounce. The Commission has chosen to remove the stigma of the criminal sanction in this kind of case. To impose instead a contraband provision, which it is argued is in the nature of a civil "in rem" seizure which does not operate against the person, is to cloud the issue and to weaken the force of the basic decriminalization. A persuasive justification simply has not been made.

Both Commissioners seek to eliminate it also because they believe that the voice of the Commission should be loud and clear that the preservation of the right of privacy is of paramount importance and cannot be casually jeopardized in the pursuit of some vague public or law enforcement interest which has not been defined and justified with clarity and precision.

The second area of disagreement with the Commission's recommendations concerns the casual distribution of marihuana and the not-for-profit sale. As understood:

- A PLEA OF MARIHUANA INTOXICATION SHALL NOT BE A DEFENSE TO ANY CRIMINAL ACT COMMITTED UNDER ITS INFLUENCE NOR SHALL PROOF OF SUCH INTOXICATION CONSTITUTE A NEGATION OF SPECIFIC INTENT.
- A PERSON WOULD BE ABSOLUTELY LIABLE IN CIVIL COURT FOR ANY DAMAGE TO PERSON OR PROPERTY WHICH HE CAUSED WHILE UNDER THE INFLUENCE OF THE DRUG.

DISCUSSION OF FEDERAL RECOMMENDATIONS

The recommended federal approach is really a restatement of existing federal policy. From official testimony and record evaluation, we know that the federal law enforcement authorities, principally the Federal Bureau of Narcotics and Dangerous Drugs and the Bureau of Customs, do not concentrate their efforts on personal possession cases. The avowed purpose of both Bureaus is to eliminate major traffickers and sources of supply. For the most part, the federal agencies have left possession enforcement to the states. Underlying this approach is a need to maximize the use of enforcement resources for major priorities and allow the states, in exercising their "police powers," to assume the responsibility for local activities, including possession for personal use.

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(1) The totally donative transfer is not subject to criminal penalty, regardless of where it takes place.

(2) The transfer of *small* amounts for *insignificant* remuneration *not involving a profit* is not subject to criminal penalty (except if it is accomplished in public, in which case it is subject to criminal sanction), but

(3) The transfer of "*large* amounts" for "*significant*" remuneration not involving a profit is subject to criminal penalty.

Footnote 4 on pages 198–199 of the Report, the Commission refers to a Report of The Senate Judiciary Committee on the Comprehensive Drug Abuse Prevention and Control Act of 1970. In substance, it implies that within the meaning of the Act, transfers of more than one or two marihuana cigarettes in return for 50 cents or one dollar to cover cost are not intended to be covered as casual transfers, but rather are to be treated as unlawful sales.

Commissioners Hughes and Javits feel that the Commission has

By withdrawing the criminal sanction from possession for personal use we are, in effect, codifying official policy. In addition, such a scheme follows the model chosen for alcohol in the Volstead Act, and also revives the approach taken by Congress in the Drug Abuse Control Amendments (DACA) of 1965. We are in agreement with the original thrust of DACA, when Congress brought previously uncontrolled drugs, LSD, barbiturates and amphetamines, under control but did not assess criminal penalties for possession for personal use.

Instead, Congress placed on the prosecution the burden of proof that the possession was for purposes of sale. Regardless of whether or not Congress was wise in imposing a penalty in 1968 for possession for personal use, a subject we will consider in our next Report, we think the original DACA concept is enlightened where marihuana is concerned.

At the same time, present federal law classifies marihuana as contraband, and this feature should be maintained. The

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failed to set forth a clear standard which will adequately inform the public of their obligations under the law. The recommendation and its discussion in the Report are confusing and fail to provide the individual with sufficient guidance to allow him to act without having to dodge in and out of illegality. It also undermines a basic, stated objective of the Commission i.e., to concentrate the weight of the criminal sanction upon significant supply and distribution activities, rather than upon casual consumption.

Moreover, proscribing even the most casual not-for-profit transfers when they occur in public is, in their opinion, wrong. Such transfers are necessarily incident to private possession and use. To hold that they should be subject to criminal sanction is logically inconsistent with the Commission's rationale and recommendation on decriminalization of such private activities.

Instead, both Commissioners recommend that all not-for-profit sales be excluded from the criminal sanction. It is fundamental that there be a clear separation between the serious, commercial, profit-making seller, or "pusher" as he is known, and the individual who merely splits the cost of a reasonable supply of the drug with his friends or acquaintances.

Thirdly, exception is taken to the retention of the criminal sanction on public possession of more than one ounce. The individual who buys an ounce and a half would be a criminal when he buys on the corner, when he puts it in his pocket, when he gets in his car and drives home, when he is on his doorstep, but not when he crosses the threshold of his home. Commission policy should direct the attention of the law enforcement community to the person who sells the drug for profit, and not to the person who uses the drug privately.

If an individual has more than a few ounces in his possession, and contraband concept serves the discouragement policy in two ways: it assists the removal of supply from the market and it symbolizes a continuing societal opposition to use. Accordingly, if a person is found in possession of marihuana in public and the government is unable to prove any intent to sell, it may nevertheless seize the marihuana and confiscate it as contraband.

The contraband provision would apply only to possession in public and would not extend to possession for personal use in the home. During Prohibition, the Federal Government and most of the states employed a similar statutory limitation. For example, the Volstead Act provided that a private dwelling could not be searched "unless it is being used for the unlawful sale of intoxicating liquor. . . ."[1]

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there is probable cause to believe that he intends to sell it for profit, that activity is already covered under the Commission's recommendation that possession with intent to sell is illegal. Therefore, there is no need to further proscribe simple public possession.

All the component parts of the recommended policy of the Commission should be consistent with its objective of non-interference with casual transfers and possession and use which is essentially and fundamentally private and personal.

The contraband device, the not-for-profit sale, and public possession of some reasonable amount which should be presumed to be necessarily incident to private use should all be removed from the ambit of legal sanction. To do so would be to strike down "symbols" of a public policy which had never been adequately justified in the first instance. Such steps would in no way jeopardize the firm determination of the Commission that the use of marihuana ought to be discouraged.

[1] § 39. *Unlawful possession of liquor or property designed for manufacture thereof; search warrants.* It shall be unlawful to have or possess any liquor or property designed for the manufacture of liquor intended for use in violating this chapter or which has been so used, and no property rights shall exist in any such liquor or property. A search warrant may issue as provided in [sections 611 to 631 and 633 of Title 18] and such liquor, the containers thereof, and such property so seized shall be subject to such disposition as the court may make thereof. If it is found that such liquor or property was so unlawfully held or possessed, or had been so unlawfully used, the liquor, and all property designed for the unlawful manufacture of liquor, shall be destroyed, unless the court shall otherwise order. No search warrant shall issue to search any private dwelling occupied as such unless it is being used for unlawful sale of intoxicating liquor, saloon, restaurant, hotel, or boarding house. The term "private dwelling" shall or unless it is in part used for some business purposes such as a store, shop, be construed to include the room or rooms used and occupied not transiently but solely as a residence in an apartment house, hotel or boarding house. The property seized on any such warrant shall not be taken from the officer seizing the same on any writ of replevin or other like process. (Oct. 28, 1919, c. 85, Title II, § 25, 41 Stat. 315)

The impact of this contraband concept is that marihuana possessed or found in public can be summarily seized by law enforcement officials and forfeited to the state for subsequent destruction.[2] The criminal justice system is not involved in the process. The individual receives no record of any kind; he simply loses the economic value of the marihuana.[3]

With regard to the casual distribution of small amounts of marihuana for no remuneration or insignificant remuneration not involving a profit we are following the approach taken in the Comprehensive Drug Abuse Prevention and Control Act of 1970 which in essence treats such casual transfers as the functional equivalent of possession. In doing so, Congress recognized that marihuana is generally shared among friends and that not all people who distribute marihuana are "pushers."[4]

The accuracy of Congress' appraisal is underscored by the National Survey. When people who had used marihuana were asked how they first obtained the drug, 61% of the adults and 76% of the youth responded that it had been given to them. Only 4% of the adults and 8% of the youth said that they had bought it. When asked who their source had been, 67% of the adults and 85% of the youth responded that it had been a friend, acquaintance or family member.

The close association between the concepts of casual transfer and personal possession is also underscored by the fact that 56% of the prosecutors in our survey thought that the present law did not deter casual transfer at all or deterred it only minimally.

With regard to importation and exportation, we recommend no change in existing law and make the following observations. First, the United States must maintain its international standing and, as a member of the community of nations, this country should do everything in its power to restrict the exportation of marihuana to other countries and to penalize such international traffic.

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[2] The federal and state provisions presently in force regarding the seizure and forfeiture of an automobile transporting marihuana would no longer be applicable. They would still remain in force for other controlled drugs classified as contraband.

[3] See the views of Commissioners Rogers, Carter, Ware, Hughes and Javits expressed in the footnote on pages 190–197.

[4] In considering this relationship, the Senate, in the Report of the Committee on the Judiciary of the United States Senate regarding S. 3246 (a precursor bill to the new Federal law) stated:

As to importation of marihuana, the most effective way to discourage use is to cut off supply at the top of the pyramid. Recognizing that most of the marihuana consumed in the United States comes from abroad, we feel that the Bureau of Customs at the borders should have all necessary authority to halt and interdict supplies intended for consumption in this country. There has been a longstanding practice of excepting ports and borders from procedural rules applying within the United States. One example is that Customs officials are allowed to search without the showing of probable cause, even though such a showing is mandatory for searches conducted within the United States. We can see a legitimate reason for continuing this policy.

DISCUSSION OF STATE RECOMMENDATIONS

The states have primary responsibility for enforcing the existing proscriptions against possession for personal use. Their present efforts are designed mainly to keep marihuana use contained and in private. Such an enforcement policy is consistent with our social policy approach, and is an appropriate exercise of the states' obligations to main-

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> The language "distributes a small amount of marihuana for no remuneration or insignificant remuneration not involving a profit" as contained in section 501 (c) (4) is intended to cover the type of situation where a college student makes a quasi-donative transfer of one or two marihuana cigarettes and receives 50 cents or a dollar in exchange to cover the cost of the marihuana. Transfers of larger quantities in exchange for larger amounts of money, or transfers for profit, are not intended to be covered by this section, but rather are to be covered by section 501 (c) (2) which deals with unlawful distribution.

This language sketches a prototype situation which the Committee had in mind; however, the wording of the Federal Act and of our recommendations is not intended to establish inflexible rules. The objective in both provisions is to distinguish between commercial sellers and casual distributors. Ultimately the courts will have the responsibility of drawing this distinction according to the evidence in individual cases. The recommended provision intentionally establishes a loose standard not tied to specific amounts of marihuana or money.

See also the views of Commissioners Rogers, Carter, Ware, Hughes and Javits expressed in the footnote on pages 190–197.

tain public order. So while we see no need for criminal sanctions against possession for personal use or against casual transfers, we recommend a number of provisions for confining marihuana use to the home.

The first point is that even marihuana possessed for personal use is subject to summary seizure and forfeiture if it is found in public. This concept is now applicable under federal law which we commend also to the states. In our view, the contraband feature symbolizes the discouragement policy and will exert a major force in keeping use private.

Another means of symbolizing the discouragement policy which has been suggested is the imposition of a civil fine on those possessing marihuana outside the home for personal use.* Under such an approach, a fine would be levied and processed outside the criminal justice system. Essentially, possession of marihuana would be the equivalent of a traffic offense in those jurisdictions where such an offense is not criminal.

Such a scheme would accomplish little more than that achieved under a partial prohibition scheme. Warrants would presumably not be issued for searches of private residences, and possession offenses would be detected only by accident or if the offender uses the drug in public. The more direct way to confront such behavior is a penalty against public use.

A further problem with the civil fine approach lies in the area of non-payment of the fine. With traffic tickets, or with civil fines levied against industrial polluters, society can compel compliance by withdrawing its permission to engage in regulated activity. For example, it can revoke the motorist's license to drive or the polluter's license to do business within the state. In short, the state has remedies beyond the criminal law to achieve its policy goal. The same would not be true for the marihuana user and enforceability of the statute would ultimately require court action.

As we have suggested, a central feature of our statutory approach at the state level would be a vigorously enforced prohibition of public use. No intoxicant should be used in public, both because it may offend others and because the user is risking irresponsible behavior if he should be under its influence in public. Moreover, where marihuana is concerned, continuing societal disapproval requires that the behavior occur only in private if at all. Public use, under the proposed scheme, would therefore be punishable by a fine of $100.

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* See the views of Commissioners Rogers, Carter and Ware expressed in the footnote on pages 190–193.

We also recognize the need for some prophylactic measure for anticipating distribution, even though there may be no intent to sell for profit. To this end, and in order to deter public use, possession and transfer, we have drawn a line at one ounce of marihuana. Possession in public of more than this amount would be punishable by a fine of $100.

For these same reasons, we believe the states should prohibit all transfers outside the home, whether or not for remuneration. A transfer for profit would be a felony, as under present law. A casual transfer of a small amount would be punishable by a fine of $100.

Taken together, the contraband feature, the proscriptions of public use and public possession of more than an ounce (even if for personal use) and the prohibition of public transfers will reflect the discouragement policy underlying the entire scheme.

The remaining set of recommendations aims at irresponsible behavior under the influence of marihuana. Whatever the precise legal scheme employed, these provisions should be included.

First, the "drunk and disorderly" statutes presently in force in the states are useful tools for maintaining public order. We would suggest similar statutes in the case of marihuana, punishing offenders by up to 60 days in jail, a fine of $100, or both. Law enforcement authorities must have a means to halt antisocial behavior exhibited incidental to marihuana use.

The second aspect of irresponsible behavior is the operation of automobiles, other vehicles, or any potentially dangerous instrument while under the influence of marihuana. Such behavior is gross negligence in itself, risking harm to others unnecessarily. In addition to penalizing a person who "drives under the influence" as a serious misdemeanant, we would impose absolute civil liability on anyone who harms the person or property of another while under the influence of marihuana.

Finally, no one should be able to limit his criminal accountability by alleging that he was under the influence of marihuana at the time of the crime. Under both federal and state law, the defendant should not be able to negate the mental element of "specific intent," which some offenses carry, by pleading that he was under the influence of marihuana and was therefore unable to have formed such an intent. Unlike many users of heroin, the user of marihuana is not physically dependent on the drug. The use of the drug is usually a matter of choice. Although we believe on the basis of available evidence that there is no causal connection between marihuana use and crime, we would under no circumstances allow a person to escape the consequences of his actions by hiding behind the cloak of marihuana use.

DISCUSSION OF POTENTIAL OBJECTIONS

Having discussed our recommended scheme at the federal and state levels, we think it useful to answer some objections we anticipate will be raised. Possible objections are:

1. Partial prohibition is not a sufficient reflection of the discouragement policy.
2. Partial prohibition is logically inconsistent.
3. A possession penalty is necessary for effective enforcement of sale proscriptions.
4. Partial prohibition won't "work" for marihuana any more than it did for alcohol.
5. A possession offense is essential as a device for detecting problem users.
6. Retention of a possession offense is required by our international obligations.
7. A firm distinction should be drawn between less potent and more potent preparations.

1. The Partial Prohibition Approach Is a Sufficient Reflection of the Discouragement Policy

To those who would argue that a criminal sanction against use is a necessary implementation of an abstentionist policy, we need only respond that this country has not generally operated on that assumption. We would be astounded if any person who lived during the 1920's was not aware of a definite governmental policy opposed to the use of alcohol. Yet, *only five states prohibited possession for personal use during Prohibition.* The failure of the 18th Amendment, the Volstead Act and 43 state prohibition acts to criminalize private possession certainly did not signify official approval of or neutrality toward alcohol use.

As we pointed out in Chapter I, our nation has not generally seen fit to criminalize private drug-related behavior; only in the narcotics area was possession made a crime and marihuana was brought within the narcotics framework because of unfounded assumptions about its ill effects. We think it is time to correct that mistaken departure from tradition with respect to marihuana. As during Prohibition, the drug will remain contraband, and its distribution will be prohibited.

Even as late as 1965, an abstentionist drug policy was not thought to require prohibition for personal use. At that time, Congress enacted the Drug Abuse Control Amendments, bringing LSD, amphetamines and barbiturates under federal control. National policy was clearly opposed to the use of the hallucinogens and the non-prescription use of amphetamines and barbiturates, yet Congress did not impose a penalty for possession. Whether or not Congress' subsequent decision in 1968, to impose such a penalty was appropriate is an issue we will cover in our next Report after analyzing the individual drugs controlled. The important point now is that such a penalty is not a necessary feature of a discouragement policy for marihuana, regardless of its propriety for other drugs.

2. *The Partial Prohibition Approach Is Not Logically Inconsistent*

It will be argued that a law which permits a person to acquire and use marihuana but does not permit anyone to sell it to him for profit is logically unsound. We do not agree. If we had recommended a social policy of approval or neutrality toward use, partial prohibition would indeed have been illogical. However, under a discouragement policy, such a scheme is perfectly consistent.

Under partial prohibition, use is discouraged in three main ways. First, law enforcement authorities will make a concerted effort to reduce the supply of the drug. If a person wishes to use marihuana, he will have to seek out a person to sell it to him; and if his seller is in the business of distributing marihuana for profit, the seller is violating the law.

Second, the user will have to confine his disapproved behavior to the home. If he uses the drug in public, he has committed an offense; if he possesses it in public, it may be summarily seized as contraband.

Third, continuing efforts will be made by educators, public health officials, and official government spokesmen to discourage use. Realizing that educational efforts are not always successful, we would hope for a sound program. In any event, the law should be an ancillary rather than a focal consideration.

There is nothing theoretically inconsistent about a scheme which merely withdraws the criminal sanction from a behavior which is not immoral but which is disapproved. The individual is being allowed to make his own choice. Hopefully, he will choose not to use marihuana. If he chooses to do so, however, he will have to do so discreetly and in private. Apart from its ultimate possession by the user, however, all marihuana-related activity is prohibited. The drug is contraband from its initial growth, through its harvest and distribution. It ceases to be contraband only when possessed and used in the home.

3. *Prohibition of All Possession Is not Essential to Prohibition of Sale*

The other side of the "inconsistency" objection is the argument by law enforcement officials that they cannot adequately enforce proscriptions against sale without a possession penalty. We disagree. We have already explained that enforcement of a possession offense to some extent *impedes* the effort to reduce supply. Possession cases are generally regarded in the law enforcement community and by judges and prosecutors as "cheap" cases. Few seriously contend that prosecution of possessors reduces supply.

Some persons argue in response that the law should remain on the books as a tool not against the possessor but against the seller. They say that a possession offense is helpful in three ways. First, a prosecution can be used as a bargaining tool to encourage the possessor to reveal his source; this is called "turning an informant." Second, the police may know that a person is a seller, but may not be able to prove either sale or intent to sell, so they can at least charge such suspected sellers with simple possession.

Third, a corollary of the second argument is that the possession offense provides a useful tool in the "plea bargaining" process. That is, a seller may plead guilty to the lesser offense of possession, now generally a misdemeanor, instead of running the risk of trial and conviction of the more serious offense of sale, generally a felony. The prosecution may accept such a "bargain" if it is uncertain of the strength of the case, to avoid delay in sentencing, to reduce judicial backlog or in return for information from the defendant.

From an institutional standpoint, we do not find these arguments persuasive. First, if a possession offense is on the books, possession is a criminal activity. We oppose criminalizing conduct when its purpose and intent is directed not toward that conduct but toward another behavior.

In answer to the informant argument, the marihuana user (and this may not be true of other drugs) is simply too low in the distributional chain to help very much. As indicated earlier, the National Survey shows most users receive their marihuana from their friends or acquaintances either as a gift or at cost. Rarely is the time spent on him or on his "source" a fruitful allocation of the law enforcement official's time. Also, it is institutionally improper to hold the criminal sanction over a person to force him to talk, when we otherwise would be unwilling to use that sanction.

As to the "lack of proof" and "plea bargaining" arguments, we believe they challenge a fundamental tenet of our criminal justice system. That is, under our law, a person is not guilty just because the police think he is guilty; his offense must be proven beyond a reasonable doubt to a judge or jury. If a possession offense were not on the books, the police would have to gather enough evidence to convict the seller of sale or of possession with intent to sell, and the prosecution would have to convince the judge beyond a reasonable doubt. The defendant, suspected seller or not, is entitled to due process of law.

The "lack of proof" argument is nothing more than a plea for an "easy out" when the police do not have enough evidence. This simply represents an admission that law enforcement officials want a possession offense which they can apply selectively, to people whom they think, but cannot prove, are sellers. Such a notion is inconsistent with the basic premise of our system of equal treatment under the law. If "simple" possession is not an offense for some, it is not an offense for all. A "known seller" is entitled to the same rights as anyone else: criminal conduct must be proved beyond a reasonable doubt. We do not favor coddling criminals. We do insist, as did the framers of the Constitution, that suspected criminal behavior be proved.

4. That Partial Prohibition Did Not "Work" for Alcohol Doesn't Mean It Won't for Marihuana

Prohibition failed to achieve its avowed purpose of eliminating the use of intoxicating liquors from American life. Risking an over-simplification, we think two reasons were essentially responsible for this failure: the unwillingness of a substantial minority, and probably a majority, of the American public to discard a habit deeply ingrained in their lives; and the inability of the law enforcement community to eliminate the bootlegging traffic which catered to this continuing demand.

As we have repeatedly noted, one of the reasons for adoption of partial prohibition approach is uncertainty about the extent to which marihuana use is ingrained in American culture. Indeed, adoption of partial prohibition is the best way to find out for sure. If the social interest turns out to be only transient, this policy will prove particularly appropriate.

Similarly, an increase in marihuana use may be prevented by a concerted effort to eliminate major trafficking, the scope of which is presently only a small fraction of Prohibition bootlegging. We do not pretend that supply of a plant so easily grown can be eliminated. However, an intensive effort to eliminate commercial criminal enterprise should have some impact on the extent of use.

5. The Possession Offense Is Not Required As a Detection Device

In addition to their deterrent and symbolic functions, the drug possession laws serve a third function not shared by most other criminal laws. Like laws against public drunkenness, they facilitate societal detection of drug-dependent persons. Ideally, such persons, although apprehended by law enforcement authorities, may be detained for purposes of treatment and rehabilitation.

Whatever the merits of such an argument for the opiates and alcohol, such an argument does not apply to marihuana. Only a very small percentage of marihuana users are drug-dependent or are in need of treatment. Their dependence is generally upon multiple drug use, not on marihuana. In any event, the existence of such a small population does not justify retention of the possession offense as a detection device.

6. International Obligations Do Not Require Maintenance of a Possession Penalty

Some have raised the possibility that removal of simple possession criminal penalties would contravene this country's obligations under the Single Convention on Narcotic Drugs (1961), to which it became a signatory in March, 1967. We do not believe the provisions of that Convention compel the criminalization of possession for personal use.

Nowhere in the Convention are its Parties expressly required to impose criminal sanctions on possession for personal use. Article 4 requires Parties to "take such legislative and administrative measures as may be necessary . . . to limit exclusively to medical and scientific purposes the production, manufacture, export, import, distribution of, trade in, use and possession of drugs." Penal sanctions are not necessarily included in this formulation.

Article 36, which deals specifically with penal provisions, requires each party to adopt "such measures as will ensure" that the listed activities, including possession, "shall be punishable offenses." Some have argued that this provision requires prohibition of personal use.

However, from a comprehensive study of the history of the Convention, the Commission has concluded that the word "possession" in Article 36 refers not to possession for personal use, but to possession as a link in illicit trafficking. This interpretation is bolstered also by the failure to include "use" in Article 36 even though it has been included in Article 4.

Finally, we must consider Article 33, which provides that "the Parties shall not permit the possession of drugs except under legal authority." This Article also does not require the imposition of any sanctions on possession for personal use. Experts consulted by the Commission have indicated that this Article may, nevertheless, require that the Parties to limit possession and use to medical and scientific purposes. To affirmatively allow drugs to remain in the possession of persons for non-medical use would in this view contravene Articles 4 and 33 to read together. From this perspective our international obligations may require the classification of marihuana as contraband. For this reason, together with a desire to symbolize our discouragement policy in a clear way, we have included the contraband feature in our legal implementation scheme.

In conclusion, our reading of the Convention is that a Party may legitimately decide to deal with non-medical use and possession of marihuana through an educational program and similar approaches designed to discourage use.

7. No Potency Distinction Is Necessary at the Present Time

Following the approach taken in the Comprehensive Drug Abuse Prevention and Control Act of 1970, we have drawn a line between the natural cannabis plant and the synthetic tetrahydrocannabinols. "Marihuana" is defined as any and all parts of the natural plant. That we choose this approach for purposes of statutory implementation does not mean that we are unaware of the difference between the less potent and more potent preparations of the natural plant.

As noted in Chapters II and III, the highest risk of cannabis use to the individual and society arises from the very long-term, very heavy use of potent preparations commonly called hashish. No such pattern of use is known to exist in the United States today.

The predominant pattern of use in the United States is experimental or intermittent use of less potent preparations of the drug. Even when hashish is used, the predominant pattern remains the same. In addition, whatever the potency of the drug used, individuals tend to smoke only the amount necessary to achieve the desired drug effect.

Given the prevailing patterns of use, the Commission does not believe it is essential to distinguish by statute between less potent and more potent forms of the natural plant. Reinforcing this judgment are the procedural and practical problems attending an effort to do so.

If the criminal liability of an individual user is dependent on the THC content of the substance, neither he nor the arresting officer will know whether he has committed a crime until an accurate scientific determination is made. Even if such accurate determinations were feasible on a large scale, which is not now the case, such after-the-fact liability is foreign to our criminal laws.

Under present circumstances, then, a statutory line based on potency is neither necessary nor feasible. We emphasize also that any legal distinction is an artificial reflection of the Commission's major concern: the heavy use of the drug over a long term. The most emphatic element of official policy should be to discourage such use, especially of the more potent preparations. Unfortunately precise legislative formulations regarding the amount of the drug presumed to be for personal use do not assist this effort at all. Whether it is lawful to possess one ounce of hashish or a proportionate amount based on potency (for example, one-fourth ounce), an individual prone to use the drug heavily will do so. Society's resources should be committed to the task of reducing supply of the drug and persuading our citizens not to use it. Expenditure of police time and financial resources in an attempt to ascertain the THC content of every seized substance would make little, if any, contribution to this effort.

A Final Comment

In this Chapter, we have carefully considered the spectrum of social and legal policy alternatives. On the basis of our findings, discussed in previous Chapters, we have concluded that society should seek to discourage use, while concentrating its attention on the prevention and treatment of heavy and very heavy use. The Commission feels that the criminalization of possession of marihuana for personal use is socially self-defeating as a means of achieving this objective. We have attempted to balance individual freedom on one hand and the obligation of the state to consider the wider social good on the other. We believe our recommended scheme will permit society to exercise its control and influence in ways most useful and efficient, meanwhile reserving to the individual American his sense of privacy, his sense of individuality, and, within the context of an interacting and interdependent society, his options to select his own life style, values, goals and opportunities.

The Commission sincerely hopes that the tone of cautious restraint sounded in this Report will be perpetuated in the debate which will follow it. For those who feel we have not proceeded far enough, we are reminded of Thomas Jefferson's advice to George Washington that "Delay is preferable to error." For those who argue we have gone too far, we note Roscoe Pound's statement, "The law must be stable, but it must not stand still."

We have carefully analyzed the interrelationship between marihuana the drug, marihuana use as a behavior, and marihuana as a social problem. Recognizing the extensive degree of misinformation about marihuana as a drug, we have tried to *demythologize* it. Viewing the use of marihuana in its wider social context, we have tried to *desymbolize* it.

Considering the range of social concerns in contemporary America, marihuana does not, in our considered judgment, rank very high. We would *deemphasize* marihuana as a problem.

The existing social and legal policy is out of proportion to the individual and social harm engendered by the use of the drug. To replace it, we have attempted to design a suitable social policy, which we believe is fair, cautious and attuned to the social realities of our time.

ADDENDUM

The previous Chapter recommended a social policy oriented toward the discouragement of marihuana use and presented a set of proposals for the legal implementation of that policy. In addition to these legal recommendations for federal and state action, the Commission believes certain other recommendations should be presented for action.

These recommendations are presented in three categories: (1) legal and law enforcement, (2) medical, and (3) other. Some of these recommendations apply to other drugs as well and will be discussed further in our second Report. However, we consider it useful to make recommendations now so that policy planners can be informed of the implications of what has been studied to date.

Foremost among the Commission's conclusions is a need for consistency between federal and state laws affecting marihuana distribution and use, and uniformity of marihuana laws among the states. The administration of all marihuana laws must be mutually reenforcing so that *total* government response to marihuana is both equitable and understandable.

Legal and Law Enforcement Recommendations

I. Federal

RECOMMENDATION: FEDERAL LAW ENFORCEMENT AGENCIES, ESPECIALLY THE BUREAU OF NARCOTICS AND DANGEROUS DRUGS AND THE BUREAU OF CUSTOMS, SHOULD IMPROVE THEIR STATISTICAL REPORTING SYSTEMS SO THAT POLICIES MAY BE PLANNED AND RESOURCES ALLOCATED ON THE BASIS OF ACCURATE AND COMPREHENSIVE INFORMATION.

In an effort to obtain information relating to enforcement of the marihuana laws including arrest, prosecution, sentencing and conviction data, the Commission found that sufficient information was available about prosecution and court action, but not about the activities of the law enforcement agencies. We were confronted by and large with inadequate statistical information and little or no in-depth evaluation.

The statistical reporting procedures of the Bureau of Narcotics and Dangerous Drugs and the Bureau of Customs are not uniform, making it extremely difficult to assess the effectiveness of the two principal drug enforcement agencies of the Federal Government. The Bureau of Narcotics and Dangerous Drugs keeps centralized files but the Bureau of Customs maintains its files on a regional basis. In both Bureaus, statistical information is kept only in its raw form; that is, number of arrests, number of seizures and so on. Very little analysis exists of the procedures leading to arrest, of the characteristics of persons arrested, and of the law enforcement strategies involved in the arrest. For law enforcement personnel to understand more fully *how* they are carrying out their functions so that internal assessments of particular policies can be made, sophisticated statistics must be maintained.

Both the Bureau of Narcotics and Dangerous Drugs and the Bureau of Customs are aware of these problems. Both were extremely helpful to the Commission and its research staff in seeking useful information from the mass of raw statistics. However, the information from the available statistics is incomplete and of limited utility for policy planning purposes.

In support of this priority recommendation, Congress is urged to provide additional and adequate funding for this area, at the same time requiring both agencies to utilize a common reporting system so that information can be more easily shared between them.

In addition, it is recommended that the Federal Bureau of Investigation, in its Uniform Crime Reports, requests the state agencies to identify marihuana cases separately from narcotic cases and report them as a separate component.

RECOMMENDATION: THE FEDERAL BUREAU OF NARCOTICS AND DANGEROUS DRUGS SHOULD INCREASE ITS TRAINING PROGRAMS OF STATE AND LOCAL POLICE WITH SPECIAL EMPHASIS ON THE TRAINING IN THE DETECTION OF TRAFFICKING CASES.

The Commission's interviews with state and local police officials revealed a consistent desire to upgrade the quality of their investigations. Since the Federal Bureau of Narcotics and Dangerous Drugs, through its National Training Institute, has been performing this task well, it is recommended that the funds be granted by the Congress to extend the range of the educational program offered and increase the number of persons trained.

RECOMMENDATION: INCREASED BORDER SURVEILLANCE, A TIGHTENING OF BORDER PROCEDURES, AND A REALISTIC ERADICATION PROGRAM TO DIMINISH THE SUPPLY OF DRUGS COMING INTO THE COUNTRY, COUPLED WITH A MORE EFFECTIVE PROGRAM FOR DIMINISHING THE DOMESTIC PRODUCTION AND DISTRIBUTION OF MARIHUANA, ARE REQUIRED.

The Commission, as part of its mandate, studied drug trafficking patterns along the borders of the United States. An analysis of border marihuana seizures was also made. The results of both studies indicated that proportionately larger seizures were made along the borders at locations where there were no manned checkpoints. The Commission therefore recommends that more vigorous effort be made by federal agencies to interdict smugglers along the entire border while continuing their efforts at the formal checkpoints.

In discussions with representatives of other countries, a common observation made by foreign officials has been this country's somewhat indifferent attitude about the eradication of our home-grown marihuana, an attitude that is not appreciated by other countries under pressure from the United States to destroy their crops. Since this Administration has wisely made illicit trafficking in all drugs a foreign policy priority, we recommend that priority be supported by an equally assiduous effort to eradicate marihuana within our borders.

We recommend further that preclearance procedures be eliminated so that Customs personnel may more effectively control smuggling of marihuana and other drugs. Preclearance is a procedure whereby passengers and their baggage destined for the United States are inspected by U.S. Customs, Immigration and Agriculture officials *prior* to departure from a foreign location. This practice is in effect in Bermuda, Montreal, Nassau, Toronto, Vancouver, Winnipeg and the Virgin Islands. Other locations are petitioning for the same privilege.

An inherent weakness in the preclearance procedure is that Customs personnel stationed outside the United States have no authority for search, seizure and arrest. This fact is well-known to the professional smuggler who uses it to his advantage. Since we have been informed that preclearance creates a gap in Customs' interdiction process, reason dictates that the procedure be eliminated in the interest of tighter control.

II. State

RECOMMENDATION: ALL STATES SHOULD ADOPT THE UNIFORM CONTROLLED SUB-

STANCES ACT TO ACHIEVE UNIFORMITY WITH REGARD TO MARIHUANA AND OTHER DRUG LAWS, WITH THE EXCEPTION THAT THE LEGAL RESPONSE TO POSSESSION FOR ONE'S OWN USE BE UNIFORMLY ADOPTED IN ACCORDANCE WITH OUR RECOMMENDATION IN CHAPTER V OF THIS REPORT.

As noted earlier, one of the greatest needs in the entire drug area is uniformity of state laws with regard to structure and penalties. While this recommendation applies to all drugs and not just marihuana, we feel it essential to make this recommendation now to help deemphasize the marihuana problem. Significant differences in penalties among the states constitute a valid source of irritation and conflict among various segments of our population. In an age of high mobility, it is unconscionable that penalties should vary so greatly in response to the same behavior.

RECOMMENDATION: EACH STATE SHOULD ESTABLISH A CENTRALIZED COMPULSORY REPORTING AND RECORD-KEEPING AUTHORITY SO THAT ADEQUATE AND ACCURATE STATISTICS OF ARRESTS, SENTENCES AND CONVICTIONS ON A STATEWIDE BASIS ARE AVAILABLE.

Several states have systems for maintaining records of drug arrests on a statewide basis. Accurate reporting and compilation of these cases permit the state to assess accurately the impact of law enforcement on drug offenders. The Law Enforcement Assistance Administration of the Department of Justice should assist the states to establish compulsory statistical reporting centers so that individual state needs are met and a clearer picture of the national trends can be ascertained. Efficient state record-keeping will have an additional benefit of increasing the reliability of the Uniform Crime Reports compiled by the Federal Bureau of Investigation.

RECOMMENDATION: THOSE STATES REQUIRING PHYSICIANS TO REPORT DRUG USERS SEEKING MEDICAL ASSISTANCE SHOULD CHANGE SUCH REQUIREMENTS TO INSURE THE CONFIDENTIALITY OF THE DRUG USER'S IDENTITY, SO

THAT PERSONS NEEDING MEDICAL HELP WILL FEEL FREE TO SEEK IT.

Seventeen states* currently require physicians to report to a government agency information on those persons treated by them who are dependent on, or are habitual users of drugs. No common pattern emerges among these states.

After reviewing these statutes, the Commission believes that the disadvantages of maintaining such reporting systems outweigh the benefits to society or the individual. Fear of disclosure to the police discourages many persons from seeking needed medical help. Furthermore, the requirement makes the physician an informant and an agent of law enforcement.

While a need exists for reliable statistics regarding the number and nature of those persons being treated, the Commission does not feel that identification of the individual user is necessary. We again emphasize that society should encourage persons in need of medical attention to seek out authorized practitioners without having to fear legal repercussions for such action.

III. International

RECOMMENDATION: IF THE UNITED STATES SHOULD BECOME A SIGNATORY OF THE PROPOSED PSYCHOTROPIC CONVENTION, WE RECOMMEND THAT CANNABIS BE REMOVED FROM THE EXISTING SINGLE CONVENTION AND CONSIDERATION BE GIVEN TO LISTING IT IN THE PSYCHOTROPIC CONVENTION AMONG DRUGS WHICH HAVE SIMILAR EFFECTS.

Under the Single Convention on Narcotic Drugs, 1961, of which the United States became a signatory in 1967, cannabis, with the exception of its leaves and stems, is included with narcotic drugs and cocaine. While that categorization had some justification in 1961 when knowledge about marihuana was more limited, this justification no longer exists. More importantly, tetrahydrocannabinol (THC), the psychoactive ingredient in cannabis, is not included in the Single Convention and is proposed for inclusion in the Psychotropic Convention.

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* California, Connecticut, Hawaii, Idaho, Iowa, Massachusetts, Michigan, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Pennsylvania, Vermont, Virginia, Washington.

The Commission sees little sense in having the potent psychoactive ingredient in cannabis covered in one Convention and the natural product in another. Logic dictates combining the active ingredient with the plant form under one international control scheme. The Commission concludes that cannabis is more appropriately included in an international agreement which would control the hallucinogens, stimulants, depressants, and other drugs rather than in the Single Convention, which includes the narcotics and cocaine.

Medical Recommendations

I. Research Coordination and Emphasis

RECOMMENDATION: FULLER COORDINATION OF THE MARIHUANA RESEARCH CONDUCTED BY GOVERNMENTAL AND PRIVATE AGENCIES IS NEEDED TO REDUCE THE DUPLICATION OF EFFORT, ASSURE A DIVERSITY OF NEW APPROACHES AND NEW OBJECTIVES, AND TO PROVIDE EFFICIENT INTEGRATION OF FINDINGS INTO THE AVAILABLE BODY OF KNOWLEDGE.

The Commission recognizes the need for studies of chronic, heavy users of marihuana in this country. Among the required areas of information are the user's sociologic background (family dynamics, social stresses, impact of socioeconomic status), and medical status (documentation of physiological and psychological parameters, including pulse rate, blood pressure, electrocardiogram, electroencephalogram, mental status examination, psychological tests). Epidemiological studies are also needed. Such studies should be directed toward understanding the life histories of chronic, heavy users, and identifying the effects of marihuana on the life patterns of these individuals.

The Commission recommends that intensive research be conducted on the carcinogenic properties of the components of marihuana smoke, in both animals and man. Further work should be conducted to analyze the effect of marihuana smoking on pulmonary function. The Commission-sponsored study in Boston and the study of heavy long-term users in Jamaica both indicated there was some decrement in measurable lung function capacity.

In addition to these physiological studies, investigations on the effects of marihuana smoking on the bronchial epithelium and mucous membranes of the mouth, throat and lips should be undertaken. The relationship of marihuana smoking to cardiac diseases, particularly coronary artery disease, should be studied. Although such studies have been conducted in connection with tobacco use, they have not been performed on a significant scale with regard to marihuana use.

Some clinical investigators have voiced concern regarding the effect of marihuana smoking on the peripheral vascular system. In order to accomplish the initial phase of this investigation, the Commission rcommends that thermographic studies be carried out on extremities of chronic, heavy marihuana users.

There are many unanswered questions about the effects of marihuana upon the brain. These include reported alterations upon the neuronal systems which produce effects resembling those of both psychedelic drugs and alcohol. Studies of the biogenic amines which appear to be neurotransmitters in the emotional areas of the brain are needed.

The Commission in the course of its work has encouraged cooperation among various federal agencies concerned with marihuana. Continuing and formalized informational exchange among federal agencies and the state, local and private agencies which have a professional concern with marihuana can be helpful to all of them. We recommend that an appropriate federal agency, such as the Special Action Office for Drug Abuse Prevention in the White House, serve as the catalyst in developing a permanent program for assembling and exchanging marihuana-related information.

II. Detection of Marihuana in the Human Body

RECOMMENDATION: RESEARCH EFFORTS TO DEVELOP AN INEXPENSIVE, EASY METHOD FOR DETECTING AND QUANTIFYING THE PRESENCE OF MARIHUANA IN THE BLOOD, BREATH OR URINE OF A PERSON SUSPECTED OF BEING INTOXICATED SHOULD BE ACCELERATED.

In keeping with the necessity to detect and punish persons who are operating vehicles and other dangerous equipment under the influence of marihuana, it is important for law enforcement officials to have a swift, easy-to-use mechanism that will determine with a high degree of certainty whether the person is acting under the influence of marihuana. The Commission understands that the Department of Transportation and other federal agencies are working toward this goal and we strongly recommend that this research be continued as a priority item.

III. International Cooperation

RECOMMENDATION: AN ACCELERATED PROGRAM FOR FUNDING FOREIGN RESEARCH SHOULD BE UNDERTAKEN IMMEDIATELY.

For the purposes of definitive research on the effects of heavy and very heavy marihuana use, the Commission has found that the United States fortunately does not have significant numbers of people who have been exposed over a long period of time to such use. The National Institute of Mental Health has cooperated with the Commission in supplying data from its major foreign studies of chronic cannabis users in Jamaica and Greece. For medical research purposes, an analysis of data derived from populations in other countries with 10, 20 or 30 years of experience with heavy marihuana use will provide useful information about probable consequences if the incidence of marihuana use in the United States were to continue and increase, and if more people engaged in heavy, long-term use.

IV. Therapeutic Uses

RECOMMENDATION: INCREASED SUPPORT OF STUDIES WHICH EVALUATE THE EFFICACY OF MARIHUANA IN THE TREATMENT OF PHYSICAL IMPAIRMENTS AND DISEASE IS RECOMMENDED.

Historical references have been noted throughout the literature referring to the use of cannabis products as therapeutically useful agents. Of particular significance for current research with controlled quality, quantity and therapeutic settings, would be investigations into the treatment of glaucoma, migraine, alcoholism and terminal cancer. The NIMH-FDA Psychotomimetic Advisory Committee's authorization of studies designed to explore the therapeutic uses of marihuana is commended.

V. Community-Based Treatment

RECOMMENDATION: COMMUNITY-BASED TREATMENT FACILITIES SHOULD BE PROMOTED IN CARING FOR PROBLEM DRUG USERS UTILIZING EXISTING HEALTH CENTERS WHEN POSSIBLE AND APPROPRIATE.

In studying marihuana, the Commission has obtained information about a number of treatment centers and services. The wide range of agencies and the variety of goals and techniques present a confusing array of services available to drug users, carrying widely in their effectiveness. Uniform criteria for evaluating the "success" of these programs is urgently needed.

The medical members of the Commission believe that some of the techniques being used may pose as much potential harm as good. Many young people who are experiencing profound difficulties resulting from the use of drugs may suppose they are being treated and helped, when in reality they are not. In some cases, the short-term benefit may be disruptive to the long-term welfare of the individual. In the rush to provide treatment facilities, many programs have been given impressive credentials without meeting minimal medical standards. It is essential that treatment facilities have, as their primary orientation, the well-being of the individual under treatment.

VI. Training Programs

RECOMMENDATION: PUBLIC HEALTH COURSES ON THE SOCIAL ASPECTS OF DRUG USE SHOULD BE INCLUDED IN THE CURRICULA OF THE SCHOOLS OF THE HEALTH PROFESSIONS.

The Commission recommends that schools of the health professions include in their curricula courses on the social, public health and therapeutic aspects of drug use as appropriate to the educational purpose of the individual school. The National Survey indicated that the public views the family physician as an important source of information about drugs. Next to school personnel, physicians were mentioned most often in this connection. Persons involved in the health professions must be provided with information about non-medical as well as the medical aspects of drug use.

Other Recommendations

I. Reclassification of Cannabis

RECOMMENDATION: THE COMMISSION RECOGNIZES THAT SEVERAL STATE LEGISLATURES HAVE IMPROPERLY CLASSIFIED MARIHUANA AS A NARCOTIC, AND RECOMMENDS THAT THEY NOW REDEFINE MARIHUANA ACCORDING TO THE STANDARDS OF THE RECENTLY ADOPTED UNIFORM CONTROLLED SUBSTANCES LAW.

Scientific evidence has clearly demonstrated that marihuana is not a narcotic drug, and the law should properly reflect this fact. Congress so recognized in the Comprehensive Drug Abuse Prevention and Control Act of 1970, as did The Conference of Commissioners on Uniform State Laws in the Uniform Controlled Substances Law.

In those states where the Uniform Controlled Substances Law has not yet been adopted, twelve of which continue to classify marihuana as a "narcotic," the Commission recommends that the legislatures distinguish marihuana from the opiates and list it in a separate category. The consequence of inappropriate definition is that the public continues to associate marihuana with the narcotics, such as heroin. The confusion resulting from this improper classification helps to perpetuate prejudices and misinformation about marihuana.

II. Information

RECOMMENDATION: A SINGLE FEDERAL AGENCY SOURCE SHOULD DISSEMINATE INFORMATION AND MATERIALS RELATING TO MARIHUANA AND OTHER DRUGS. THE NATIONAL CLEARINGHOUSE FOR DRUG ABUSE INFORMATION SHOULD BE CHARGED WITH THIS RESPONSIBILITY.

A great proliferation of drug information materials has occurred in recent years. These materials are currently distributed by a number of federal agencies. Some of these materials conflict with each other. The result is a confusion and uncertainty on the part of the public about the accuracy of all these statements. The public should have one federal source from which to obtain drug information. The National Clearinghouse for Drug Abuse Information appears best suited to perform this task.

III. Education

RECOMMENDATION: THE SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION IN THE WHITE HOUSE SHOULD BE RESPONSIBLE FOR

THE COORDINATION, DEVELOPMENT AND CONTENT REVIEW OF ALL FEDERALLY-SUPPORTED DRUG EDUCATIONAL MATERIALS AND SHOULD ISSUE A REPORT AS SOON AS POSSIBLE, EVALUATING EXISTING DRUG EDUCATION MATERIALS.

The Commission has studied many programs of drug education throughout the country. Some are irrelevant, others are poorly designed, still others are misleading, and a good many of them are of questionable value. A few are excellent. The Federal Government must provide assistance to the states and school districts in this matter, and should provide the leadership in developing sample programs in cooperation with educational systems. An evaluation of existing programs by The Special Action Office for Drug Abuse Prevention of the White House could be very helpful in improving the standards of drug education.

IV. Voluntary Sector Participation

RECOMMENDATION: THE COMMISSION NOTES THE SIGNIFICANT ROLE PLAYED BY THE VOLUNTARY SECTOR OF THE AMERICAN COMMUNITY IN INFLUENCING THE SOCIAL, RELIGIOUS AND MORAL ATTITUDES OF OUR NATION'S CITIZENS AND RECOMMENDS THAT THE VOLUNTARY SECTOR BE ENCOURAGED TO TAKE AN ACTIVE ROLE IN SUPPORT OF OUR RECOMMENDED POLICY OF DISCOURAGING THE USE OF MARIHUANA.

Already very active in drug education and prevention activities, the social agencies, service clubs, church groups and other non-governmental bodies have been extremely helpful in attending to the difficult problems of drug abuse. The local and personal nature of such organizations gives them an advantage over state and federal governments in the development of attitudes by our citizens.

The policy which we here recommend, indeed *any* policy which might be recommended, will inevitably encounter widespread and earnest objections. The fullest efforts of all citizens of good will will be required to attend to the massive problem of drug abuse in a calm, just, responsible and effective manner. The help of the voluntary agencies in working toward this end is earnestly invited and urgently needed.

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After serving in the Navy in World War II, Raymond P. Shafer entered public service in 1947 as a District Attorney in Pennsylvania. Thereafter he was a State Senator, then Lieutenant Governor in the administration of William W. Scranton, and—from 1967 to 1971—Governor. In his first year in the state's top elective office Shafer played an important role in modernizing the outmoded Pennsylvania constitution.

Today, besides being Chairman of the National Commission on Marihuana and Drug Abuse (The Shafer Commission), he is also Chairman and chief executive officer of TelePrompTer Corporation, the nation's largest cable television company.

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